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HIV HEALTH SERVICE PLANNING COUNCIL
25 Van Ness
3rd Floor Conference Room

December 17, 1990
4:00 - 8:00 pm.

AGENDA

- I. Roll Call
- II. Review and Approval of Minutes
- III. Review and Approval of Motions to Date
- IV. Review and Approval of By-Laws
- V. Review of Priorities from the Public Hearing
- VI. Review of HRSA Demonstration Projects
- VII. Identification of Service Priorities by Target Population
- VIII. Public Comment

DOCUMENTS DEPT.

DEC 14 1990

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MINUTES

MAYOR'S HIV HEALTH SERVICE PLANNING COUNCIL
DECEMBER 17, 1990
4:00 - 8:00 pm.

Members present: Sandra Hernandez, Pierre Ludington, Michael Baxter, Pat Christen, Moher Downing, Marcy Fraser, Peggy Falknor, Yvonne Frazier, David French, Jaime Geaga, Karen Hembry, Gerald LeNoir, Gifford Leoung, Steve Lew, J.B. Molaghan, Bonnie Maldonado, Bob Nelson, Anna Ramirez, Eric Rofes, Mike Shriver, Laura Thomas, Patricia Underwood, Mary Jane Wood

Members absent: Lydia Gorrez (excused), Veneita Porter (unexcused), Claire Rappoport (unexcused), Phil Tingley (excused), Reggie Williams (excused)

Council Staff present: Sophia Chang, Bill Haskell, Carol Piccione

Public present: Adam Braver, David Gillen, Tom Calvanese

I. Roll Call

Roll Call was taken, as above.

II. Review and Approval of Minutes

The Council approved minutes from the meeting of 12-10-90.

III. Review and Approval of Motions to Date

All motions made to date were voted on and passed by the Council.

IV. Review and Approval of By-Laws

Sophia reviewed the changes reflected in the by-laws concerning open meetings, the posting of upcoming meetings for the public, and the inability to vote by proxy. The Council voted to adopt the revised by-laws.

The City Attorney's Office has been asked to investigate the issue of potential conflict of interest for Council members. Council members were asked to fill out a questionnaire with 4 questions submitted by the City Attorney's Office, who will evaluate this information.

V. Review of Priorities from the Public Hearing

Copies of all written public testimony received was distributed to Council members for review. The Council voted to issue a public notice that no more written testimony will be accepted after 5 pm. on December 26, 1990. Staff will prepare the notice.

Carol reviewed the matrix of information she prepared reflecting the oral public testimony at the hearing. It was suggested that the Council view those target populations where no public testimony was offered as potentially reflecting ongoing neglected, and poorly advocated for, populations.

Carol presented a process for prioritizing service needs and making decisions regarding allocation of CARE monies. She reviewed graphics that were prepared to depict the services in each of the basic human needs categories (primary health care, psycho-social, housing, food/nutritional services). Services that were included were taken from needs assessments, continuum of care models, and public testimony. Once the Council defines these services, the Council would then define the specific target populations. Graphics will then be made of each target population and their specific service needs, facilitating the Council's process in prioritizing those needs, and then allocating CARE monies to each.

The Council discussed each of the categories and the services presented. The following motions reflect changes that were adopted, and will be used to edit the graphics and bring them back to the Council:

Housing

1. Use the following terms to form a housing matrix/table: emergency (0-3 months), transitional (3-6 months), permanent (6 months or more); autonomous living, independent living, supervised living, and residential treatment.
2. Autonomous housing is defined as residential services where a requirement for occupancy is not based on the need for any HIV-related supervision or assistance.
3. Supervised housing is defined as residential services where the requirement for occupancy is based on needed HIV-related supervision or assistance on-site.

The Council requested that staff to the Council develop the definitions for Independent living and Residential treatment, and bring these back to the Council for discussion.

Sandra pointed out that the Council should keep in mind that HUD monies may also be available to support housing needs of the target populations.

The Council had a discussion regarding the inclusion of "clean and sober housing" on the graphics. It was suggested that if this was to be included that housing for active users should be a separate category. The Council decided to eliminate clean and sober housing as a housing category, and instead voted to adopt a target population definition:

4. Define as two separate target populations substance users who are actively using and substance users who are not actively using.



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Food/Nutritional Services

1. Eliminate TPN from Food/Nutritional Services.
2. Change Home-Delivered Meals to Home-Delivered Food.

Psycho-Social Support Services

1. Add case-management as a service category.

The Council requested the staff bring 4 definitions of case-management back to the Council for review and assistance in defining this term.

2. Add family planning/counseling; change pastoral care to spiritual support, and separate this from grief and bereavement counseling; change individual and group psychotherapy to individual, group and family emotional support; separate adult day care and child care; add money management under practical support; and eliminate hospice, and respite services.

Primary Health Care

1. Add to the primary health care mission statement a sentence that includes use of an entitlement advocate.

The Council also voted to add entitlement advocacy to every service category, where reimbursements or other entitlements are potentially available, and include in each category's access statements.

2. Add health care maintenance, health education, and clinical trials advocacy under Early Intervention; add residential substance abuse treatment under substance abuse treatment; add Adult Day Health Care; add alternative HIV care; move hospice to a separate category; change Ophthalmology to specialty care on referral; add individual and group psychotherapy under mental health; add routine medical care, including Pediatrics under primary care medical services.

VI. Review of HRSA Demonstration Projects

Time did not permit the Council to discuss this item.

VII. Identification of Service Priorities by Target Population

Time did not permit the Council to discuss this item.

VIII. Public Comment

Tom Calvanese, manager of the Ambassador Hotel, addressed the Council on Item V. Review of Priorities from the Public Hearing. He also distributed written comments.

Sophia reminded the Council that the Formula Grant application, due to HRSA December 20, 1990, will be available at the AIDS Office for any Council member who would like to review it.

Carol reminded all Council members who have not done so, to submit their resumes to her.

The next meeting of the HIV Planning Council will be December 20, 1990, from 4:00 - 8:00 pm., at 25 Van Ness, on the 5th Floor* Conference Room.

* Please note room change.

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/// SPECIAL MEETING

SF

= HIV HEALTH SERVICE PLANNING COUNCIL
25 Van Ness
5th Floor Conference Room

/// December 20, 1990
4:00 - 8:00 pm.

/// AGENDA

- I. Roll Call
- II. Review and Approval of Minutes
- III. Identification of Target Populations
- IV. Review of Comprehensive Services under each of the
Basic Human Needs Categories
- V. Presentation of Priorities of the AIDS Health Services
Advisory Committee
- VI. Review of HRSA Demonstration Projects
- VII. Public Comments

DOCUMENTS DEPT.

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HIV HEALTH SERVICE PLANNING COUNCIL

December 20, 1990

The Minutes of this meeting are missing.

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12/27/90

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HIV HEALTH SERVICE PLANNING COUNCIL
25 Van Ness
5th Floor Conference Room

December 27, 1990
4:00 - 8:00 pm.

AGENDA

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DEC 20 1990

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- I. Roll Call
- II. Review and Approval of Minutes
- III. Decision of the Council regarding waiver for non-Medicaid (MediCal) providers
- IV. Decision of the Council regarding use of up to 10% of funds to alleviate personnel shortages in inpatient settings
- V. Presentation of Departmental Priorities
- VI. Implementation Issues
 - * Process
 - * Timeline
 - * Proposals
- VII. Public Comment

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2/27/90

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DOCUMENT

MINUTES

MAYOR'S HIV HEALTH SERVICE PLANNING COUNCIL
DECEMBER 27, 1990
4:00 - 8:00 p.m.

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Members present: Sandra Hernandez, Pierre Ludington, Moher Downing, Marcy Fraser, Yvonne Frazier, David French, Estela Garcia, Jaime Geaga, Lydia Gorrez, Gerald LeNoir, Gifford Leoung, Steve Lew, Bob Nelson, Eric Rofes, Peggy Falknor, Mike Shriver, Laura Thomas, Reggie Williams, Mary Jane Wood, Phil Tingley

Members absent: Michael Baxter, Pat Christen, Karen Hembry, J.B. Molaghan, Veneita Porter, Anna Ramirez, Patricia Underwood, Claire Rappaport, Bonnie Maldanado (absentee policy not in effect for this meeting)

Council Staff present: Sophia Chang, Bill Haskell, Carol Piccione, Miriam Stoll

Public present Geoffrey Froner, John Walmsey, Bart Casimir, Michael Thompson

Sandra announced that Carol Piccione is going to be on medical leave for 3 weeks; Miriam Stoll was introduced and will assist as staffperson to the Council through February 1991.

I. Roll Call
Roll Call was taken, as above.

II. Review and Approval of Minutes
The Council approved minutes from the meeting of 12-20-90 with the following correction noted and changed: Page 3, paragraph 6, second sentence, was ammended to read "The 5% cap on CARE monies for administration would not cover the present personnel, but does allow for new personnel to administer the CARE grant programs."

III. Decision of the Council Regarding Waiver for non-Medicaid (MediCal) Providers (Handout)
Sophia reviewed CARE regulations, which stipulate that in order to receive funds under Title I, the service provider (whether CBO or public health department) must be qualified to and agree to be a Medicaid provider. The Council, however, has the option to waive this regulation for those entities who provide non-reimbursable services. By waiving the regulation, the Council may fund community based services that do not have a source of reimbursement from any third-party payor.

The Council passed the following motion: The Medicaid provider status is waived for those entities who provide non-reimbursable services.

IV. Decision of the Council Regarding Use of Up To 10% of Funds to Alleviate Personnel Shortages in Inpatient Settings (Handout)
Sophia reviewed CARE Act legislation, which stipulates that no more than 10% of the Title I award can be used for personnel costs within institutions (including hospitals, nursing homes, subacute and transitional care facilities, and hospices.) Prior to allocating money to institutions for personnel support the Council must determine that certain conditions specified in CARE legislation exist in San Francisco. The Council made this determination and passed the following motion: The Council finds that

- a) a shortage of specific health, mental health, or support service personnel exists within institutions/entities in the San Francisco area;
- b) the shortage of such personnel has resulted in the inappropriate utilization of inpatient services in San Francisco; and
- c) assistance or services provided to an institution/entity will not be used to supplant its existing resources devoted to HIV-related services.

V. Presentation of Priorities of the AIDS Health Services Advisory Committee (Handout at 12/20 meeting)

Marcy Fraser, Co-chair of the AIDS Health Services Advisory Committee, presented a list of recommendations for CARE funding developed by the AIDS Health Services Advisory Committee. This is a committee formed 4 years ago as the advisory board for San Francisco's AIDS Service Demonstration Project. Marcy highlighted the need for funding of Attendant Care and Homemaker Services and for a Centralized Financial Assessment mechanism.

Council members noted that there is some overlap between Attendant Care/Homemaker services and Practical Support services and that some people have a need for both. The Council also noted that the AIDS Health Services recommendations included support for volunteers. It was pointed out that the Council will need to consider system issues, such as support for volunteers and centralized financial assessments, as services are prioritized and considered for funding.

VI. Implementation Issues: Process, Timeline, Proposals (2 Handouts)

Sophia reviewed the streamlined process that will be used to obtain proposals for C.A.R.E funding. The Council will determine priorities for funding based on type of service and target populations and designate percentages of funding to each area. These will be publicized, along with application instructions, in San Francisco area newspapers on January 13, 1991. To apply for monies, an organization will be required to respond with a brief (approx. 5 pages) letter of application. The letter will be in a standardized format with clear instructions. Applicants will have 10 working days to complete their proposals. Council members will sit on application review committees, which will prioritize proposals for funding; AIDS Office Staff will act as technical advisors to the committees but will not be voting members. Sophia will present the selection process in detail, including the application, at the next Council Meeting.

Council members expressed concern that organizations would need warning about the short amount of time they will have to complete proposals; Sophia volunteered to send out a letter to AIDS Office and Health Commission mailing lists and newspapers ahead of time to alert organizations. The letter will specify that the process is standardized for all applicants, regardless of size or funding history; it was decided that specific dollar caps for service areas will not be included in the letter.

Sophia announced that she will be meeting with the City Attorney's Office January 2, 1991, to hear the results of their review of conflict of interest issues as it relates to the Council. The City Attorney's Office will also be notifying the Health Commission and the Board of Supervisors that the HIV Planning Council has decision-making power over CARE monies. The CARE plan that the Council develops will be presented to both bodies once it is developed.

Sandra announced the Mayor's Office has appointed members from other counties (San Mateo, Marin, Alameda, Contra Costa) to serve as an intergovernmental sub-committee to the Council. Once the sub-committee meets, the Council can move ahead to resolve the outstanding issue of funding present HRSA Demonstration Projects (in San Francisco and in other counties) and other related issues.

Meeting changes/additions

Due to the tight schedule, a motion was passed to add an additional meeting of the Council on Saturday, January 5, 1991, from 9 a.m. to 1 p.m. (Room to be announced).

In addition, a motion was passed to change the January 21, 1991 meeting (which is Martin Luther King Day) to Wednesday, January 23, from 4 - 8 p.m. (Room to be announced).

Absentee policy will not be in effect for these two meetings.

VII. Prioritization of Services by Target Population

The Council approved the 4 service diagrams with the following changes: The access statement on Health Care Services was amended to read "Access to a health care provider; access to treatment considered to be "minimal standards of care"; access to an entitlements advocate"; Money management was added under Residential Treatment on the Housing Services diagram.

The Council discussed how to begin prioritization and decided to begin by prioritizing major service areas. It was also suggested that the Council disperse into smaller groups for part of the process.

The Council prioritized Pharmacy/Medications as a Basic Need. Sandra described the current situation with funding for the AIDS Drug Program. In 1991 and beyond, funding for the drug

program will be rolled into the Title II funds of the CARE legislation, so it will be up to the States to decide how much is allocated to the drug program. A realistic estimate, Sandra believes, is that San Francisco will receive the same allocation as last year, approximately \$2.8 million. Her estimate of monies needed to fund the present AIDS drug program (Aerosolized Pentamidine and AZT) is \$3.2 million. The \$500,000 shortfall can be made up by allocations of Title I monies.

The Council discussed the possibility of new drugs being approved in 1991 (ddI and ddC) and how such approvals would affect the total cost of the AIDS drug program. Sandra very roughly estimated that another \$500,000 might be needed.

After a lengthy discussion and several amendments, the Council approved a motion to: Tentatively allocate \$500,000 in the Formula grant and \$500,000 in the Supplemental grant for clinically indicated anti-retrovirals and prophylactic drugs.

A major concern of the Council was that by allocating money to the AIDS drug program, which funds people who have incomes up to \$40,000, CARE monies would be supporting non-indigent people. This led to a discussion of whether the Council should set specific guidelines for "indigent." A motion was made that all monies allocated by the Council be designated for people who make twice the federal poverty level or less. Council members expressed concern that such a definition is too limiting and that setting a strict limit might cause people to "spiral down" into poverty before their needs were met. The motion did not pass. (Council members were given a copy of federal poverty guidelines).

Council members reported their priorities for funding as requested by Pierre last meeting as a homework assignment. A concensus was reached on a range of funds to be allocated to each Basic Need category:

Primary Health Care	50-60%
Psycho-Social	15-20%
Housing	15-20%
Food/Nutrition	5-10%

As a homework assignment for next meeting, Council members were asked to further breakdown the allocation of \$3.1 million in Primary Health Care Services, and \$1.2 million in Housing Services.

Sandra reported briefly on inter-DPH requests for funding from CARE monies for SFGH and the District Health Centers. Sandra will report next meeting on all Departmental requests.

It was also pointed out that there will most likely be Mental Health cuts in the City's budget this year, and this should be considered by the Council as monies are allocated for services.

VIII. Public Comment

Speakers:

Geoff Froner, Health Outreach Team

Michael Thompson, AIDS Indigent Direct Services

Bart Casimir, Personal experience with home health care

The next meeting of the HIV Planning Council will be Thursday, January 3, 1991, from 4:00 - 8:00 pm. at 25 Van Ness, 5th Floor Conference Room.

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// HIV HEALTH SERVICE PLANNING COUNCIL
25 Van Ness
5th Floor Conference Room

// January 3, 1991
// 4:00 - 8:00 pm.

// AGENDA

- I. Roll Call
- II. Review and Approval of Minutes
- III. Decision Regarding Funding of HRSA Projects
- IV. Update on IGAs
- V. Decision Regarding How To Allocate Funds To DPH Programs
- VI. Continuation of Service Prioritization
- VII. Public Comment

DOCUMENTS ROOM
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HIV HEALTH SERVICE PLANNING COUNCIL

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MAYOR'S HIV HEALTH SERVICE PLANNING COUNCIL
JANUARY 3, 1991
4:00 - 8:00 p.m.

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Members present: Sandra Hernandez, Pierre Ludington, Michael Baxter, Moher Downing, Marcy Fraser, Yvonne Frazier, David French, Estela Garcia, Jaime Geaga, Lydia Gorrez, Karen Hembry, Gerald LeNoir, Gifford Leoung, Steve Lew, J.B. Molaghan, Bob Nelson, Veneita Porter, Eric Rofes, Peggy Falknor, Mike Shriver, Laura Thomas, Patricia Underwood, Claire Rappoport, Reggie Williams, Mary Jane Wood

Members absent: Pat Christen, Anna Ramirez, Bonnie Maldonado, Phil Tingley (absentee policy not in effect.)

Council Staff present: Sophia Chang, Bill Haskell, Miriam Stoll

Public present John Walmsley

I. Roll Call

Roll Call was taken, as above.

II. Review and Approval of Minutes

The Council approved minutes from the meeting of 12-27-90 with the following corrections on page 4 noted and changed: In paragraph 4, third sentence, the word "spiral" was replaced with "spend"; In paragraph 5, the second sentence was amended to read "A tentative range of funds was allocated to each Basic Need as follows:

<u>Primary Health Care</u>	<u>50-60%</u>
<u>Psycho-Social</u>	<u>15-20%</u>
<u>Housing</u>	<u>15-20%</u>
<u>Food/Nutrition</u>	<u>5-10%</u>

III. Decision Regarding Funding of HRSA Projects

The Ryan White legislation specifies that HRSA Service Demonstration Projects be given priority consideration for funding with Title I monies. Current Service Projects are funded until September 30, 1991. The Council may allocate Title I funds to cover the costs of operating the Demonstration projects through the last quarter of the year; AIDS Office staff estimates the cost to be \$500,000.

No decision was made regarding the funding. Sophia will develop a list of issues and recommendation for the Council.

IV. Update of IGAs

Only two other Counties were able to attend the first scheduled IGA meeting and thus nothing definitive was agreed upon. A second meeting is scheduled for next week. Sandra and Pierre will brief the Council at the 1/14 meeting.

V. Presentation of Application Process (Handout)

Sophia presented the proposed application process for allocating CARE monies. (Process is outlined in the handout.) A letter was sent out to newspapers and the Health Commission and AIDS Office mailing lists alerting them to the fact that the formal call for application letters will be on January 13. Council Staff are currently preparing the application format. AIDS Office Staff will participate in a series of meetings to answer applicants' specific programmatic and procedural questions during the week of January 14.

Council members will sit on Review Committees organized by service area to prioritize applications for funding. Council members may only sit on Committees in which they do not have any potential conflict of interest. Sophia is currently working with the City Attorney to clarify how the Council will be divided into committees. The number of review committees for each service area is dependent on how services are prioritized by the Council. Community representatives may also sit on Review Committees and AIDS Office and other DPH staff as indicated will be assigned to Committees to provide technical support. (Staff and Community are non-voting members.) A summary of all applications received will be provided to the Council.

Results from all committee reviews will be brought together by AIDS Office staff. Using service priority guidance from the Council, the staff will develop the overall list of services and providers to be funded by CARE monies and set actual funding levels. Council members expressed considerable concern that they do not have decision-making authority on final budget decisions. It was noted, however, that if the Council votes on the final funding amounts, it brings into question the issue of conflict of interest. The Council was assured by Council Co-chairs that funding decisions would be based on the Council's service priorities and that if the Council was not satisfied with final budgets they have the option of requesting that the AIDS Office reconsider the funding levels. Council Co-chairs will present the prioritization process and funding decisions to the Health Commission and the Board of Supervisors.

VI. Presentation of DPH Funding Requests (Handout)

Sandra reviewed the requests for CARE funds that have been developed by SFGH, LHH, DMSF, CPHS and DPH administration. These unedited budgets represent only civil service positions; they do not include any services that would be contracted out. The unedited combined funding requests total \$5.6 million.

Council members expressed concern that by reviewing these budgets the Council was giving special consideration to DPH requests. It was noted that the Council will need to decide if CARE monies will be given to DPH requests "off the top" or if DPH requests will be reviewed along with community based applications.

During the discussion it was noted that Unions can challenge contracts that are given to community based providers if civil service employees can provide the services. While AIDS services have not been subject to such challenges in the past, it is possible that with impending budget cuts in other services, that challenges may occur in the future. Council members asked for utilization and other information from these budgets. This information will be obtained from DPH divisions and will be presented to the Council for further consideration.

VII. Continuation of Service Prioritization

The Council began to address the prioritization of Food/Nutritional Services. Council members questioned the stability of the current volunteer-based food service delivery system. There was also concern that current food delivery services do not limit service to individuals who are low-income and/or housebound.

The Council reiterated its decision that CARE monies should be used for low income and/or underinsured/uninsured individuals and those that can no longer provide for themselves, and have no other alternatives. To insure that these populations are served, the Council discussed the possibility of developing a systematized assessment mechanism for all service areas. Consensus was reached that any such assessment mechanism must be not be limited to financial assessment, must be confidential and must allow for updating of information. It was noted that such a system need not be centralized (meaning a central intake point.) Sandra mentioned that the Office has begun work on a financial intake data collection tool and system that is not strictly centralized.

Council members agreed that implementation of a such a system represents a major shift for San Francisco. Council members suggested that an appropriate use of some CARE monies might be to encourage the transition to such a system and/or to fund the development of such a system. It also agreed that all recipients of CARE monies must commit to assist in the development and implementation of the system. A motion was passed to include in the Application Guidance the following: Eligibility for CARE funding is contingent upon participation in the development and implementation of a systematized financial, health and social/cultural assessment system that is either administered by the agency requesting funding or is accessed by them.

Homework for next meeting: Council members were asked to:

- 1) Using the 4-page Service Diagram, to prioritize services within each major service area
- 2) For each prioritized service, prioritize target populations according to need.

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HIV HEALTH SERVICE PLANNING COUNCIL
25 Van Ness
5th Floor Conference Room

January 5, 1991
9:00 am - 1:00 pm

AGENDA

- I. Roll Call
- II. Review and Approval of Minutes
- III. Decision regarding Central Financial Intake Proposal
- IV. Finalization and Approval of Service Prioritization and gross funding levels
- V. Presentation of Application Process for CARE monies
- VI. Determination of Criteria for Service Funding and Review of Letters of Application
- VII. Public Comment

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MINUTES

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MAYOR'S HIV HEALTH SERVICE PLANNING COUNCIL
JANUARY 5, 1991
9:00 am - 1:00 p.m.

JAN 18 1991

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Members present: Sandra Hernandez, Pierre Ludington, Michael Baxter, Marcy Fraser, Yvonne Frazier, David French, Estela Garcia, Jaime Geaga, Lydia Gorrez, Karen Hembry, Gerald LeNoir, Gifford Leoung, Steve Lew, J.B. Molaghan, Bob Nelson, Veneita Porter, Eric Rofes, Peggy Falknor, Anna Ramirez, Mike Shriver, Laura Thomas, Patricia Underwood, Claire Rappaport, Reggie Williams, Mary Jane Wood

Members absent: Pat Christen, Moher Downing, Bonnie Maldonado, Phil Tingley (absentee policy not in effect.)

Council Staff present: Sophia Chang, Bill Haskell, Miriam Stoll

Public present John Walmsley

I. Roll Call

Roll Call was taken, as above.

II. Review and Approval of Minutes

The Council approved minutes from the meeting of 1-3-91.

III. Potential Conflicts of Interest (Handout)

Arthur Greenburg, Deputy City Attorney, presented to the Council the Mayor's Proclamation that addresses conflict of interest issues concerning membership on the Planning Council. The Proclamation is designed to forestall potential conflicts of interest associated with the Council's decisions concerning funding priorities. The City Attorney's Office will continue to work with the Council to address conflict of interest issues concerning review committees and other problem areas.

IV. Continuation of Service Prioritization

The Council continued to prioritize service areas. A Table, which represents a working document of the Council's allocations, accompanies these minutes.

The following motions related to service prioritization were passed:

- 1) A portion of C.A.R.E. funds will be allocated for the development and implementation of a systematized eligibility, advocacy/ entitlements and case management program.

AIDS Office Staff agreed to develop a preliminary, tentative budget for the Program to the next Council meeting.

- 2) The Council tentatively allocates \$500,000 from the Formula grant and \$500,000 from the Supplemental funds for a systematized eligibility, advocacy/entitlements and case management program.
- 3) The Council allocates 60% of remaining CARE funds to the category of Primary Health Care Services, after allocations to the AIDS Drug Program, the systematized entitlements program and administrative costs.
- 4) The approximately \$3,000,000 allocated to Primary Health Care Services is tentatively allocated to the following service areas:

<u>Primary Medical Care Services:</u>	<u>\$1,800,000</u>
<u>Home Health Care</u>	<u>500,000</u>
<u>Substance Abuse Services</u>	<u>400,000</u>
<u>Mental Health Services</u>	<u>300,000.</u>
- 5) The Council allocates 5% of remaining CARE funds to the category of Food/Nutritional Services, after allocations to the AIDS Drug Program, the systematized entitlements program and administrative costs.
- 6) Priority service areas within Food/Nutritional services are (1) Food Banks, including dissemination of nutritional supplements and (2) Food Service Delivery, including
nut'l Supplements.
- 7) The Council allocates 15% of remaining CARE funds to the category of Psycho-social Services and 20% to Housing Services, after allocations to the AIDS Drug Program, the systematized entitlements program and administrative costs.
- 8) Priority service areas within Psycho-social Services are: ~~(1) Case Management~~ (2) Emotional Support (2) Practical Support.
- 9) The Council agrees to allocate \$250,000 of the funds allocated to Psycho-social Services to augment the Systematized Entitlements/Case management system.

SF
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7/91

-SF

HIV HEALTH SERVICE PLANNING COUNCIL
25 Van Ness
3rd Floor Conference Room

January 7, 1991
4:00 - 8:00 pm
AGENDA

- I. Roll Call
- II. Review and Approval of Minutes
- III. Approval of Application Form
- IV. Presentation of Timeline
- V. Presentation of Seroprevalence Data
- VII. Development of Criteria for Service Funding and Review of Letters of Application
- VIII. Public Comment

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MINUTES

DOCUMENTS DEPT.

MAYOR'S HIV HEALTH SERVICE PLANNING COUNCIL
JANUARY 7, 1991
4:00 - 8:00 p.m.

JAN 12 1991
SAN FRANCISCO
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Members present: Sandra Hernandez, Pierre Ludington, Michael Baxter, Pat Christen, Moher Downing, Marcy Fraser, Yvonne Frazier, David French, Estela Garcia, Jaime Geaga, Lydia Gorrez, Karen Hembry, Gerald LeNoir, Gifford Leoung, Steve Lew, J.B. Molaghan, Bob Nelson, Veneita Porter, Eric Rofes, Peggy Falknor, Anna Ramirez, Mike Shriver, Laura Thomas, Patricia Underwood, Claire Rappaport, Reggie Williams, Mary Jane Wood

Members absent: Bonnie Maldonado (unexcused), Phil Tingley (unexcused).

Council Staff present: Sophia Chang, Bill Haskell, Miriam Stoll, Judith Weld.

Public present John Walmsley, Jannet Nassar, Juanita Duinten.

I. Roll Call

Roll Call was taken, as above.

II. Review and Approval of Minutes

The Council approved minutes from the meeting of 1-5-91 with the following changes. Motion #6 was amended to read : Priority service areas within Food/Nutritional services are (1) Food Banks, including dissemination of nutritional supplements and (2) Food Service Delivery, including delivery of nutritional supplements.

Motion #8 was revised by removing Case Management as a priority (Case Management was prioritized in a separate category) and now reads: Priority service areas within Psycho-social Services are (1) Emotional Support and (2) Practical Support.

III. Presentation of Seroprevalence Data (Handout)

George Lemp, Chief, Surveillance Branch of the AIDS Office, presented the January 1991 AIDS Office HIV Seroprevalence Report. He also noted that general seroprevalence trends among IVDUs and sexual partners of IVDUs appears to be plateauing; the next peak of HIV seroprevalence will likely be among young gay men and gay men of color.

IV. Eligibility/ Advocacy/ Case Management System Budget (Handout)

During discussion three corrections were made in the proposed budget. (1) 2.0 FTE Medical Social Workers were moved from Money Management to Entitlement Counseling and (2) The \$67,000 listed to support 1 FTE as a Money Manager was designated to support 1.5 FTE and (3) The subheading of Nursing Case Management/Brokerage was amended to read "Comprehensive Psycho-social Assessment". Council members also suggested that a para-professional model of staffing would increase the number of clients served and should be considered. After these changes, the following motion was passed: The proposal drawn up by AIDS Office Staff tentatively represents a working budget for a transitional Eligibility/ Advocacy /Case Management Program.

V. Finalization of Service Prioritization and % Funding HOUSING

Discussion centered on the relative priorities of three major service areas: Autonomous and Independent living, Supervised Living and Residential Treatment. Council members considered current and future funding streams and relative costs for each type of housing as well as gaps or/and shortages in present services. After considerable debate, the Council passed the following motions:

Motion #1 Of the C.A.R.E funds allocated to Housing Services, 50% will be allocated to Autonomous and Independent Living services.

Within Autonomous and Independent Living Services, the Council priorities are :

- 1) Congregate Living Situations for clean and sober people and active users; target populations are Youth, Families and Women with children, and Gay and Bisexual men of all colors.
- 2) Single Room Occupancy Housing for clean and sober people and active users; target populations same as above.
- 3) Services such as Bulletin Boards, roommate referrals, etc. which promote independent living; target populations are all low income, uninsured/underinsured.

Motion #2 Of the C.A.R.E. monies allocated to Housing, 35% will be allocated to Supervised Housing and 15% to Residential Treatment.

Within Supervised Housing equal priority will be given to Dementia Hospice and Respite Services.

Within Residential Treatment priority will be given to Substance Abuse treatment.

EMOTIONAL AND PRACTICAL SUPPORT SERVICES

Motion #3 Within Emotional Support Services, first priority for funding will be given to Peer Counseling; second priority to Individual and group counseling; and third priority to Grief and Bereavement Counseling.

Within Practical Support, priority will be given first to Transportation services; second priority will be given to Translations Services; third priority will be Child Care and; and fourth priority will be given to Volunteer Recruitment Services.

PRIMARY HEALTH CARE SERVICES

Within Primary Health Care Services, the Council prioritized funding areas in the following order:

- I. Primary Medical Care
- II. Mental Health Care
- III. Home Health Care
- IV. Substance Abuse Treatment

Within Primary Medical Care, the Council prioritization is as follows:

- 1) Routine Medical Care including Early Intervention medical services and health care maintenance.
- 2) O.B./Gyn, including Family Planning
- 3) Routine psychiatric assessment and evaluation
- 4) Dental Care

Within Mental Health Care, the Council Prioritization is:

- 1) Crisis Intervention
- 2) Other Psychotherapeutic Interventions

Within Home Health Care, the Council's prioritization is:

- 1) Attendant Care
- 2) Skilled Nursing Care

In Substance Abuse Services the priority funding area is Clinic/outpatient Treatment.

VI. Approval of Criteria for Service Funding (Handouts)

Motion #4 The Council approves the general Review Criteria for Selection of Potential Contractors for C.A.R.E. funding as presented by AIDS Office Staff.

The Council was shown a draft copy of the advertisement that will be placed in local newspapers regarding the call for applications for C.A.R.E monies.

An additional meeting of the Council is scheduled for Thursday, January 10, 1991, from 5:00 - 7:00 p.m. at the AIDS Office, 25 Van Ness Ave, on the 5th Floor.

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1/10/91

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== HIV HEALTH SERVICE PLANNING COUNCIL
25 Van Ness
5th Floor Conference Room

== January 10, 1991
5:00 - 7:00 pm
== AGENDA

- I. Roll Call
- II. Review and Approval of Minutes
- III. Approval of Application Form
- IV. Decision Regarding How To Allocate Funds To DPH Requests
- V. Additional Council Nominations (Announcement of Phil Tingley's Resignation)
- VI. Public Comment

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MAYOR'S HIV HEALTH SERVICES PLANNING COUNCIL JAN 18 1991
January 10, 1991
5:00 - 7:00 P.M.

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Members Present: Sandra Hernandez, Pierre Ludington,
Michael Baxter, Pat Christen, Marcy Fraser,
Yvonne Frazier, David French, Estela Garcia,
Jaime Geaga, Lydia Gorrez, Karen Hembry,
Gerald LeNoir, Gifford Leoung, Steve Lew,
Bob Nelson, Veneita Porter, Claire Rappaport,
Mike Shriver, Laura Thomas, Reggie Williams,
Mary Jane Wood

Members Absent: Moher Downing, Bonnie Maldonado,
J.B. Molaghan, Wayne Sauseda, Anna Ramirez,
Eric Rofes, Patricia Underwood (Attendance
policy was not in effect)

Council Staff Present: Sophia Chang, Bill Haskell, Judith Weld.

Public Present: John Walmsley, Jannet Nassar

I. Roll Call

Roll Call was taken, as above.

II. Resignation Submitted by Council Member Phil Tingley
Phil Tingley has resigned his position as a member of the
Mayor's HIV Health Services Planning Council.

Motion # 1 The Council directs the Co-Chairs and staff to
express to the Mayor concern that full community representation
be maintained on the Council, and that a Native American
representative be located to fill the vacancy left by Phil
Tingley.

III. Review and Approval of Minutes

The Council approved the minutes of 1-7-91 with the following
changes:

- a. On page 1, Item III, Presentation of Seroprevalence
Data, IVDU should read IDU.
- b. On page 2, after Motion II, to read "dementia,
hospice, and respite services."
- c. On page 3, under PRIMARY HEALTH CARE SERVICES, Number
1 is Primary Medical Care and Number 2 is Other
Primary Health Care. Mental Health Care, Home Health
Care, and Substance Abuse Treatment are listed under
this second category (These are not in priority
order.)

IV. Roll of Council Members in relation to the CARE Letter of Application Process

Council members should not discuss the CARE Letter of Application process with non-Council members. No Council member should be providing any discussion, technical assistance, or guidance to CBOs or other potential applicants. If Council members are contacted for assistance or feedback, they should defer providing any information or making any comment. Community Information Meetings will be held on January 16 and January 17, 1991. Please review the attached memorandum in regard to the roll of Council Members in regard to the CARE Letter of Application process.

Council members' inappropriate involvement could result in a conflict of interest and could jeopardize the legal process required for the allocation of CARE funds. Interested individuals should be referred to the minutes of the Planning Council meetings.

V. Guidelines for the CARE Letter of Application Process

After reviewing the Letter of Application Guidelines, Council members made a number of suggestions, additions and corrections. These were all intended to improve the clarity of the document and the ease with which applicants could use it as a guide in preparing Letters of Application for CARE funds.

VI. Department of Public Health (DPH) Requests for CARE Funds

Dr. Hernandez outlined four scenarios or options for the Planning Council in regard to the use of the CARE funds, as follows:

Option 1: The Council could make a specific recommendation in response to DPH proposals.

Option 2: The Council could decide on a percentage of funds to be allocated to CBO proposals and to the DPH proposals.

Option 3: The Council could review and respond simultaneously to all proposals from CBOs and the DPH for the use of CARE funds.

Option 4: The Council could review and respond to CBO proposals first, and then review and respond to the DPH proposals second.

Dr. Hernandez recommended that the Council consider selecting option # 2, and then allocate a specific percentage amount for DPH use of CARE funds. One issue raised is that the union may challenge all funds being put into contracted services, if the possibility exists that these same services could be provided within the Civil Service.

Council members mentioned additional criteria that should be considered when allocating funds to the DPH or to CBOs for the provision of HIV services. These criteria include experience in working with HIV disease and with PWAs.

The following motions were passed in relation to funds for the DPH.

Motion # 2 A percentage of CARE funds be allocated to the DPH for HIV services.

Motion # 3 Between 35% and 40% of the CARE funds are to be allocated to the DPH, and between 60% and 65% of the CARE funds are to be allocated to CBOs for HIV services.

The next meeting of the HIV Health Services Planning Council is scheduled for Monday, January 14, 1991.

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1/14/91

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// HIV HEALTH SERVICE PLANNING COUNCIL
25 Van Ness
5th Floor Conference Room

// January 14, 1991
4:00 - 8:00 pm

// AGENDA

- I. Roll Call
- II. Review and Approval of Minutes
- III. Decision Regarding Funding of HRSA Service Projects
- IV. Finalization of Prioritization for Supplemental Funding
- V. Development of Tentative Review Committees
- VI. Continued Discussion of Criteria for Service Funding and Review of Letters of Application
- VII. Public Comment

DO NOT WRITE IN THESE SPACES

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MAYOR'S HIV HEALTH SERVICE PLANNING COUNCIL

JANUARY 14, 1991

4:00 - 8:00 p.m.

Members present: Sandra Hernandez, Michael Baxter, Pat Christen, Moher Downing, Marcy Fraser, Yvonne Frazier, David French, Estela Garcia, Jaime Geaga, Lydia Gorrez, Karen Hembry, Gerald LeNoir, Steve Lew, J.B. Molaghan, Bob Nelson, Veneita Porter, Eric Rofes, Peggy Falknor, Anna Ramirez, Mike Shriver, Laura Thomas, Patricia Underwood, Claire Rappoport, Reggie Williams, Mary Jane Wood

Members absent: Bonnie Maldonado

Council Staff

present: Sophia Chang, Bill Haskell, Miriam Stoll, Judith Weld

I. Roll Call

Roll Call was taken, as above.

II. Review and Approval of Minutes

The Council approved minutes from the meeting of 1-10-91.

III. Criteria For Service Funding (Handout

Geri Brown, Director of the Office of Contract Management and Compliance for DPH, addressed the issue of criteria for service funding decisions. At a meeting with Geri, Sophia and the City Attorney, it was determined that due to time constraints there will not be a formal appeal process for funding decisions. There is no City-wide policy requiring an appeal process. Because there will be no appeal process, Geri recommended that the Council develop specific review criteria, including a scaled scoring system, prior to reviewing applications. Review Criteria will be presented at the Community Informational Meetings on January 16 and 17.

Working from a document prepared by AIDS Office Staff, the Council passed the following motions regarding criteria and scoring for funding:

Motion #1: Under Sound Fiscal Management point
distributions will be:

Fiscal Management Procedures	0-5
Reasonable Budget for Target	
Population	0-10
Bid By Formula	0-10

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Motion #2: Point Distributions among the major categories have been ammended as follows:

<u>The Scope of Work</u>	<u>0-20</u>
<u>Recent Relevant Experience</u>	<u>0-20</u>
<u>Effectiveness of Organization</u>	<u>0-15</u>
<u>Understanding and Awareness of the Unmet</u>	
<u>Needs of the Client Population</u>	<u>0-20</u>
<u>Sound Fiscal Management and Reasonable</u>	
<u>Budget</u>	<u>0-25</u>

Motion #3: Under Scope of Work, 0-5 points will be allotted to each of the four subcategories.

Motion #4: Under Recent Relevant Experience, Past Agency Performance will be removed. The point distribution for the remaining two subcategories will be:

<u>Demonstrated Knowledge and Experience</u>	
<u>with Comparable Programs in</u>	
<u>the Community</u>	<u>0-10</u>
<u>How Program Fits with Organization's</u>	
<u>Mission and History of Service</u>	
<u>Delivery</u>	<u>0-10</u>

Motion #5 Under Effectiveness of Organization, each subcategory is allocate 0-7.5 points.

Motion #6 Under Understanding and Awareness of the Unmet Needs of the Client Population, point distribution is as follows:

<u>Potential Impact of Program on</u>	
<u>Target Population and Community</u>	<u>0-10</u>
<u>Clear Demonstration of Program</u>	
<u>Need</u>	<u>0-5</u>
<u>Cultural Sensitivity and</u>	
<u>Appropriateness (ethnic, economic,</u>	
<u>gender, disabled, sexual orientation</u>	
<u>etc.)</u>	<u>0-5</u>

Additional wording changes were made and are reflected on the final list of Review Criteria and Point Values, which is attached to these minutes.

Each Council member was asked to address programmatic issues in any of the four major service areas or/and regarding specific target populations. The following is a sample of some of the comments made by Council members.

General Comments

Proposals must show sound program design that includes realistic objectives and the ability to reach their target populations.

Providers must show their cultural competence; to determine this, reviewers can look at program strategies, staffing and flexibility in service delivery.

New programs may be necessary for populations that do not fit into existing ones.

Providers must demonstrate coordination with other services.

Services must be non-judgemental and take people "where they are."

Certain populations (women, people of color, youth) may prefer HIV services to be integrated into other services; they may not want to be served by organizations that are exclusively HIV-related.

Eligibility/Advocacy/Case Management System

Must address issues of coordination of services.

System needs to empower people to make their own decisions regarding treatment and services.

Must be comprehensive, including Early Intervention, and interdisciplinary.

Some populations (active substance abusers, youth, homeless) need a street-based case management approach.

Primary Medical Care

Focus on increasing the number of beds and physicians available to care for HIV+ populations; also need more providers who can handle "drop-ins."

Providers should have hospital back-up available.

Would be preferable to have 24-hour service or at least evening hours.

Family planning services must provide services or/and referrals for pregnancy termination.

Home Health Care

Providers must be licensed.

Providers should serve indigent populations; to determine this, reviewers can look at Provider's Mission Statements.

Housing

Providers' budgets must be realistic.

Current models are "less than perfect"; may want to look for new approaches.

Housing for youth needs to be as non-structured as possible.

Substance Abuse Treatment

Providers must understand relapse

Intensive programs with flexibility are preferable.

Programs must have dual focus of substance abuse treatment and treatment for HIV disease

Emotional Support/Practical Support

Volunteers in support services need to be trained in issues of cultural sensitivity

Women will be more likely to access services if childcare is available

The next meeting of the Council is Wednesday, January 23, 25 Van Ness Ave, 3rd Floor, at 4:00 p.m.

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HIV HEALTH SERVICE PLANNING COUNCIL
25 Van Ness
3rd Floor Conference Room

January 23, 1991
4:00 - 8:00 pm
AGENDA

- I. Roll Call
- II. Review and Approval of Minutes
- III. Presentation of Timeline
- IV. Decision Regarding Funding of HRSA Service Demonstration Projects
- V. Decision Regarding DPH Proposed Budgets
- VI. Discussion Regarding Review Committees and Review Process
- VII. Finalization of Prioritization for Supplemental Funding
- VIII. Public Comment

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EXHIBIT 10

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FEB 7 1991

MAYOR'S HIV HEALTH SERVICE PLANNING COUNCIL
JANUARY 23, 1991
4:00 - 8:00 p.m.

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Members present: Sandra Hernandez, Pierre Ludington, Michael Baxter, Pat Christen, Moher Downing, Marcy Fraser, Yvonne Frazier, Estela Garcia, Lydia Gorrez, Karen Hembry, Gifford S. Leoung, Steve Lew, J.B. Molaghan, Veneita Porter, Eric Rofes, Peggy Falknor, Anna Ramirez, Mike Shriver, Laura Thomas, Patricia Underwood, Claire Rappoport, Reggie Williams, Mary Jane Wood

Members absent: Bonnie Maldonado, David French, Jaime Geaga, Gerald LeNoir, Bob Nelson

Council Staff present: Sophia Chang, Bill Haskell, Miriam Stoll, Carol Piccione, Judith Weld

Public Present: John Walmsley

I. Roll Call
Roll Call was taken, as above.

II. Review and Approval of Minutes
The Council approved minutes from the meeting of 1-14-91.

III. Presentation of Timeline (Handout)
The Council was presented with a timeline describing meetings, goals and objectives for the Council through February 25.

IV. Clarification of Bid by Formula Portion of Review Criteria (Handout)

Two options for implementing the Bid By Formula portion of the review criteria were considered by the Council. Option B, which automatically allocates points to proposals based on a ratio of their Total Bids to the Lowest Bid, was rejected because the Council determined that the method did not adequately account for variations in cost across service areas and target populations. The Council preferred Option A, in which individual review team members determine a score for cost based on their own assessment of the relative costs for services areas and target populations. It was noted that this method is consistent with how the Council is scoring other criteria. The following motion was passed: The Council adopts Option A using Cost per Unduplicated Client as the method for scoring the Bid By Formula.

V. Title II HIV CARE Grants to States (Handout)

Anna Ramirez reported to the Council on the first meeting of the 45-member Working Group that is addressing the State CARE monies. \$12.9 million has been awarded to California, of which \$5.1 million is allocated to the AIDS Drug Program. 15% of funds are allocated for women, children and families. The bulk of the funds will be allocated to Health Consortia (groups of organizations that coordinate planning and services for a particular geographical area.) No formal decision has been made regarding funding of HRSA Service Demonstration projects, however, Anna indicated that it is likely that a large portion of the monies will be allocated to those projects.

VI. Prioritization of Funding Across Service Areas (Handouts)

The Council first completed prioritizing services within each of the five major service areas. These prioritizations will be used by the Review Teams for prioritization of the applications. The following motions were passed:

- Motion #1: Within Other Primary Health Care, the priority order for services is: 1) Mental Health, including crisis intervention and psychiatric services 2) Home Health Care including attendant care, skilled nursing and hospice 3) Substance Abuse Treatment in outpatient or clinic settings and including aftercare.
- Motion #2: Within Housing, Supervised Settings, Dementia Care is the first priority.
- Motion #3: Within Housing, Supervised Settings, remaining priorities are (in order): 2) Residential Hospice Care 3) Residential Respite Care.
- Motion #4: Within Housing, Residential Treatment, Residential Substance Abuse Treatment is the first priority.
- Motion #5: Within Eligibility/Advocacy/Case Management Services, the first priority is System-wide Insurance Reimbursement Advocacy.
- Motion #6: Within Eligibility/Advocacy/Case Management the second priority is Outreach/Advocacy/Case Management Models Targeting Underserved Populations.
- Motion #7: Within Eligibility/Advocacy/Case Management the third priority is Information Systems.
- Motion #8: Within Eligibility/Advocacy/Case Management the remaining priorities are (in order): 4) Money Management and 5) Entitlement and Benefits Consulting.

The Council then prioritized the five major service categories. Tentative target dollar amounts for supplemental funding were also determined. The following motions were passed:

Motion #9 After monies are allocated to the Eligibility/Advocacy/ Case Management System, Administration and the AIDS Drug Program, the first priority for funding is Housing Services (approximately \$1.5 Million) .

Motion #10 After monies are allocated to the Eligibility/Advocacy/ Case Management System and Housing, the next priorities for funding are (in order): 2) Routine Medical Care including Health Care Maintenance and Early Intervention Evaluation and Monitoring (\$1 Million) 3) Other Primary Health Care, including Mental Health, Home Health and Substance Abuse (\$1 Million) 4) O.B. Gyn, Psychiatric evaluation and Dental Care. (\$500,000).

Motion #11 After monies are allocated to the Eligibility/Advocacy/ Case Management System and Housing, Routine Medical Care, Other Primary Health Care and O.B. Gyn., Psychiatric Evaluation and Dental Care, the next priorities for funding are (in order): 5) Food/Nutritional Services (\$250,000) and 6) Psycho-Social Support Services. (\$750,000).

See attachments for summaries of the Council's final Prioritizations.

The Next Council Meeting is Monday, January 28, 25 Van Ness Ave, 3rd Floor from 4:00-8:00 p.m.

HIV HEALTH SERVICE PLANNING COUNCIL

January 28, 1991

The Agenda of this meeting is missing.

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FEB 7 1991

MAYOR'S HIV HEALTH SERVICE PLANNING COUNCIL

JANUARY 28, 1991

4:00 - 8:00 p.m.

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2 Members present: Sandra Hernandez, Pierre Ludington, Michael Baxter, Marcy Fraser, Yvonne Frazier, David French, Jaime Geaga, Lydia Gorrez, Karen Hembry, Gerold LeNoir, J.B. Molaghan, Bob Nelson, Veneita Porter, Eric Rofes, Anna Ramirez, Mike Shriver, Laura Thomas, Claire Rappoport, Mary Jane Wood

Members absent: Bonnie Maldonado (E), Pat Christen (E), Moher Downing (E), Estela Garcia (E), Gifford Leoung (U), Steve Lew (E), Patricia Underwood (E), Reggie Williams (E)

Council Staff present: Sophia Chang, Bill Haskell, Miriam Stoll, Carol Piccione

Public Present: Ruth Finkelstein, Joseph Cecere

I. Roll Call

Roll Call was taken, as above.

II. Review and Approval of Minutes

The Council approved minutes from the meeting of 1-23-91.

II. Update on CARE Application Review Process (Handout)

Sandra reviewed the final priorities list for supplemental funding and updated the Council on the application process. She reported that 67 applications from Community Based Organizations had been recieved. Four additional applications arrived at the AIDS Office less than 15 minutes after the noon deadline. These were not accepted because AIDS Office Staff felt that in order to assure a fair process and limit the threat of appeals, it was necessary to adhere to the published deadline. It was noted that the deadline had been well publicized at public meetings, in newspapers and in the application itself and that the City has a strong precedent of not accepting proposal requests after published deadlines. The City Attorney concurred with the AIDS Office Staff decision.

Council members expressed considerable concern that applications had been turned down but also understood that to do so would jeopardize the entire application process. Both Staff and the Council agreed that the decision was a very difficult one to make.

The Council passed a motion in support of the administrative decision to not accept any proposals that came in after the 12 noon deadline on Friday, January 25, 1991.

IV. Decision Regarding Funding of HRSA Service Demonstration Projects

The current funding cycle for HRSA Service Demonstration Projects ends September 30, 1991. The Council has the option to allocate some CARE monies to support the Service Demonstration Projects beyond this date in San Francisco or/and in San Francisco's Eligible Metropolitan Area (EMA), which includes Marin and San Mateo Counties. The cost for supporting all HRSA Service Demonstration Projects in the EMA for 4 months, from October 1, 1991 to January 30, 1992, is \$430,867, of which \$48,800 is for Marin and San Mateo Counties combined.

As outlined in previous minutes, the C.A.R.E. legislation stipulates sharing of funds with jurisdictions having greater than 10% of the total number of people living with AIDS within the EMA. Because neither Marin nor San Mateo Counties meet this criteria, it is not mandated that their Service Demonstration Projects be funded. However, in good faith the Council has considered the needs of the adjoining counties through an Intergovernmental Subcommittee that has been meeting for several weeks. That subcommittee requested that the Council: (1) Allocate funds from the Formula Grant to support HRSA Service Demonstration Projects in San Mateo and Marin at current levels for an additional 4 months (2) Request funding in the Supplemental Grant at highest priority to augment Service Demonstration Projects in San Mateo and Marin at a minimum level of twice its current base funding (an additional \$146,400) and (3) Request funding in the Supplemental Grant to support regional planning.

The Council expressed concern that Marin County does not currently provide other significant support to its AIDS-related programs and that it might not be serving primarily low-income populations. There was also concern, however, that if the HRSA Service Demonstration Projects in Marin and San Mateo were not funded, they would fold, causing a significant negative impact to the entire EMA.

The Council was also informed that the State may be allocating funds from its Title II Grant to support the AIDS Drug Program. The Council considered this information in its decisions regarding funding of the HRSA Service Demonstration Projects.

The following motions were passed by the Council:

Motion #1 In the Formula Grant, the Council agrees to shift \$430,867 of the \$500,000 previously allocated to the AIDS Drug Program to support HRSA Demonstration Projects in San Francisco, Marin and San Mateo for an additional four months (at base funding level), contingent upon Marin and San Mateo implementing a planning and oversight committee similiar to this Council. The Council strongly urges that the State use its Title II funds to maintain support for the AIDS Drug Program at utilization levels.

Along with this motion it was noted that Marin and San Mateo will be required to sign assurances that current funding from other sources will not be reduced. The remaining approximately \$70,000 previously allocated to the AIDS Drug Program in the Formula Grant will be allocated to other service areas for programs in San Francisco.

Motion #2 San Mateo and Marin's requests for funding in the Supplemental Grant will be prioritized after those of San Francisco within each service area up to a 100% increase (annualized) in current funding levels. Requests above these levels for funding will be prioritized beneath all of San Francisco's requests for Supplemental Grant funds.

The Council agreed to invite members of the IGA Committee to the next Council meeting.

V. Decision Regarding Funding of DPH Proposed Budgets

Sandra presented the Council's concerns about previous DPH requests to the various Divisions. Several changes have been made in response to the Council's concerns, including (1) the consolidation of requests for physicians throughout the divisions in order to create a team of HIV experts and (2) the decision to put out to bid to CBO's ancillary services for the District Health Centers in order to reduce the dependence on S.F. General and to allow services to be more geographically accessible. Sandra also reviewed the requests for FTE's, noting that the majority of the 14.75 FTE's were social workers or nurse practitioners. It was also noted that all Health Center physicians are now on 24-hour call.

The completed DPH budgets will be presented as part of the overall budget at the next Council meeting.

The next Council meeting will be held Monday, February 4, 4:00 - 8:00 p.m. at 25 Van Ness Ave, 3rd Floor Conference Room.

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= HIV HEALTH SERVICE PLANNING COUNCIL
25 Van Ness
3rd Floor Conference Room

February 4, 1991
4:00 - 8:00 pm
AGENDA

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- I. Roll Call
- II. Review and Approval of Minutes
- III. Presentation of Final CARE Budget
Budget for Formula Grant
Prioritization of Requests for Supplemental Grant
- IV. Approval of Service Prioritization Letter
- V. Implementation Planning
- VI. Public Comment

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MINUTES

MAYOR'S HIV HEALTH SERVICE PLANNING COUNCIL
FEBRUARY 4, 1991
4:00 - 8:00 p.m.

- Members present: Sandra Hernandez, Pierre Ludington, Michael Baxter, Pat Christen, Moher Downing, Marcy Fraser, Yvonne Frazier, David French, Estela Garcia, Jaime Geaga, Karen Hembry, Gerold LeNoir, Gifford Leoung, Bob Nelson, Eric Rofes, Peggy Falknor, Mike Shriver, Laura Thomas, Patricia Underwood, Reggie Williams, Claire Rappoport, Mary Jane Wood
- Members absent: Bonnie Maldonado (U), Steve Lew (U), Lydia Gorrez (E), Veneita Porter (U), J.B. Molaghan (E)
- Council Staff present: Sophia Chang, Bill Haskell, Miriam Stoll, Carol Piccione
- Public Present: Steve Feeback, John Walmsey, Carla Heres, Donald Goewey, Mary Jo Buerger, Gene Copello, Myra Snyder

I. Roll Call
Roll Call was taken, as above.

II. Review and Approval of Minutes
The Council approved minutes from the meeting of 1-23-91. It was noted that Gifford Leoung was present at last week's meeting.

III. Presentation of Final CARE Budget (Confidential Handout)
Sophia presented the proposed CARE budget, which the AIDS Office staff developed from Review Team recommendations and Council Service Area Priorities. She noted that all applications that were recommended for full or partial funding by the Review Teams had been allocated funds from the Formula Grant or were prioritized as part of the Supplemental Grant request. The Council's percentage allocations of Formula funds to service areas were met. DPH requests, which represented 35% of Formula funds according to the Council's previous decision, were matrixed across the service areas and prioritized above the allocations to Community Based Organizations

In reviewing the Proposed Budget, Council members who had sat on Review Teams noted two mistakes in dollar amount allocations so the following corrections were made: (1) In Primary Health Care, Early Intervention Medical Services was allocated \$200,000 in Formula Funds and \$300,000 in Supplemental Funds and Dental Care was allocated \$300,000 in Formula Funds and (2) In Housing, Long-term Residential Treatment was allocated \$200,000 in Formula

and \$200,000 in Supplemental and Medium-term Residential Treatment was allocated \$208,800 in Supplemental; these changes allowed the reprioritization of the remaining Housing Services into Formula funds.

DPH requests were primarily in two service areas, Primary Medical Care and Eligibility/Advocacy/Case Management, and thus, in these areas the allocations of Formula funds to CBO's was limited. Council members expressed concern that allocating such a large amount of Formula Funds to DPH might discourage CBO's. To address this concern, the Council passed the following motion:

In the Service Area of Eligibility/Advocacy/Case Management, shift allocations for the STD Clinic (CPHS) and Mental Health Case Managment (CMHS) from the Formula Grant to the Supplemental, allowing additional CBO's in Eligibility/Advocacy/Case Management Services to receive Formula Funds.

The Council ultimately decided that within Primary Medical Care it was appropriate to allocate the majority of Formula Funds to the DPH because (1) The DPH is the primary provider of Primary Medical Care to indigent populations and (2) proposals submitted by CBO's did not meet service needs as prioritized by the Council.

No applications were received from CBO's for Acute Psychiatric Emergency, Residential Respite, Residential Dementia and a System-wide Eligibility and Advocacy Program, all of which had been identified as priority areas. The Council expressed its disappointment in the lack of applications and the following motions were passed in regard to service "gaps":

Motion #1: All Service "gaps" will be addressed through the Supplemental Grant request.

Motion #2: \$150,000 in Supplemental Funds will be allocated to augment existing Acute Psychiatric Crisis Services in the DPH.

Sandra noted that in a RFP process, the City had recently selected a provider for Residential Dementia Beds. The Council felt that it would be fair and expeditious to revisit these proposals and passed the following motion.

Motion #3: \$300,000 in Supplemental Funds will be allocated to either augment the existing provider of Residential Dementia Services or to the second ranking application in the previous RFP process.

Motion #4: \$100,000 in Supplemental Funds will be allocated to the DPH to support Residential Respite Services at Laguna-Honda, contingent on reevaluating the proposed service for cost efficiency.

The Council was unable to come to a decision regarding how to allocate funds to the System-wide Eligibility and Advocacy Program. It was felt that if it was housed in the DPH, aggressive advocacy might not be possible; on the other hand, it was also agreed that some connection to the DPH might prove beneficial as the service is focused on class action rather than individual

services. It was suggested that the program could be an adjunct to the HIV Planning Council and could be administered out of the Mayor's Office. The council agreed to discuss this option and come to a decision at the next Council meeting.

IV. Review of EMA Funding (Handouts)

Representatives from San Mateo and Marin Counties presented overviews of their current AIDS Services, current unmet service needs and requests for CARE funding allocations. Neither County was satisfied with the allocations the Council agreed upon at the last meeting. In their presentations, both Counties noted that they currently have HIV planning bodies who have developed HIV service plans based on local needs. County funds in San Mateo and Marin support approximately 20% of their overall budgets, which is comparable to the percentage support by County funds in San Francisco.

Both Counties based their requests on the percentage of people living with AIDS in the Eligible Metropolitan Area who reside in their County. San Mateo requested \$409,500, or 6.3%, of the Formula Funds. \$150,000 would be used for Early Intervention Medical Services, \$160,000 to enhance the AIDS Clinic and the remainder to fund mental health and case management. Marin requested \$315,000 from Formula Funds, of which \$240,000 would be allocated to the HIV Clinic and \$75,000 to Case Management.

The Council voted to approve the dollar amounts requested but to split funding between Formula and Supplemental Funds as follows: 50% of the total amounts requested from San Mateo and Marin will be allocated from Formula Funds; 50% will be requested as part of the Supplemental Grant, prioritized according to the list of Supplemental Service Area Priorities used for San Francisco requests.

V. Approval of Service Prioritization Letter (Handout)

The Council passed a motion to Approve the Service Prioritization letter, which will appear in the Supplemental Grant. This letter restates the Council's Supplemental Service Area Priorities agreed upon at previous Council meetings.

VI. Public Comment

Steve Feedback from Black and White Men Together presented public testimony.

SF
422
#1
2/11/91

HIV HEALTH SERVICE PLANNING COUNCIL
25 Van Ness
3rd Floor Conference Room

February 11, 1991
4:00 - 8:00 pm
AGENDA

- I. Roll Call
- II. Review and Approval of Minutes
- III. Remaining Issues Regarding Final CARE Budget
- IV. Discussion Regarding Ongoing Role and Responsibilities of Council
- V. Remaining Business
- VI. Public Comment

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2/11/91

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MINUTES

MAYOR'S HIV HEALTH SERVICES PLANNING COUNCIL
FEBRUARY 11, 1991
4:00 - 8:00 p.m.

Members present: Sandra Hernandez, Pierre Ludington, Michael Baxter, Pat Christen, Moher Downing, Marcy Fraser, David French, Estela Garcia, Jaime Geaga, Lydia Gorrez, Karen Hembry, Gerald LeNoir, Gifford Leoung, Steve Lew, J. B. Molaghan, Bob Nelson, Veneita Porter, Eric Rofes, Peggy Falkner, Anna Ramirez, Mike Shriver, Laura Thomas, Patricia Underwood, Mary Jane Wood, Claire Rappoport

Members absent: Yvonne Frazier (E), Reggie Williams (U)

Staff present: Sophia Chang, Miriam Stoll

Public present: Steve Feedback

DOCUMENTS DEPT.

I. Roll Call

Roll call was taken, as above.

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II. Review of Minutes

Minutes from the meeting of 2-4-91 were approved.

III. Allocation to Case Management

As part of the overall CARE budget, the Council allocated \$250,000 to a System-wide Eligibility and Advocacy Program without naming an agency or organization to run the program. The Council determined that the program would be responsible for advocacy related to financial reimbursements (including Medicare, Medi-Cal, private insurance and coordination with other entitlement providers,) and act as a liaison for system/legislative reform. The council rejected the idea that a role of the program was as a "complaint department".

The Council considered the pros and cons of the following options: (1) Housing the system within the DPH, (2) Looking for a CBO to develop and run the program and (3) Setting up the program to report to the Planning Council or some other advisory body or the Mayor's Office. It was noted that infrastructure already exists within the DPH to support such a program and that given the uncertainty of future CARE funding, a DPH-based program would probably be most stable financially. After discussing these options, the Council passed a motion to Allocate the \$250,000 to the Department of Public Health to develop a System-wide Eligibility and Advocacy Program, which will address the responsibilities defined by the Council above and will report directly to the Director of the AIDS Office.

In order to assure adequate accountability, the Council determined that a community-based committee with a significant number of members who are HIV positive or are living with AIDS should be assigned to advise and support this program. The following motion was passed: The Council recommends that the Health Services Advisory Committee adopt the role of advisory council to the DPH System-wide Eligibility and Advocacy Program. The Council recommended that the staff of the System-wide Eligibility and Advocacy Program attend Health Services Advisory Committee meetings but stipulated that it would not be an oversight relationship.

IV. Approval of Letter of Support to Other Counties (Handout)

The Council passed a motion to Approve a letter to Wayne Sauseda, Chief of the State Office of AIDS, stating that San Francisco supports Contra Costa and Alameda Counties' requests for funding for their Service Demonstration Projects from Title II funds.

V. Discussion of Union Representation

Sandra and Pierre reported on their meeting with representatives of the Service Employees International Union. The Union indicated that it would not challenge the contracts going out to CBO's as a result of the CARE allocations, however, the Union expressed a desire to participate in Council decisionmaking in the future. The Council passed the following motion: We request that the Mayor appoint a representative of the Service Employees International Union who is educated about and sensitive to HIV concerns, to sit on the HIV Health Services Planning Council. Council staff agreed to draft a letter of request to the Mayor.

VI. Ongoing Role and Responsibilities of Council (Handout)

A proposed implementation plan, which will be included in the Supplemental Grant application, was presented to the Council. Beginning in April, the Council agreed to schedule meetings twice monthly on the second and fourth Mondays, from 4:00 - 6:00 p.m. at the AIDS Office. It was agreed that the Council will reevaluate its attendance policy at a subsequent meeting and may choose to change the schedule of meetings later in the year. In March, Council meetings will be held on the first and third Mondays from 4:00 - 6:00 p.m. at the AIDS Office. A schedule of Council meetings and public information sessions is attached to these minutes.

In reviewing the implementation plan, the following changes/additions were made: a public hearing was added in the October/November timeframe; a public meeting was added in March to inform the public of how Council decisions were made; by June 5 the AIDS Office will finalize Departmental memoranda of understanding for supplemental funded services. The Council approved the implementation plan with the above changes.

In accordance with a Council request, the Staff agreed to distribute to the Council a list of agencies receiving Formula funds and those that are prioritized in the Supplemental request.

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2/25/91

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HIV HEALTH SERVICES PLANNING COUNCIL
25 Van Ness
3rd Floor Conference Room

February 25, 1991
4:00 - 6:00 p.m.

AGENDA

- I. Roll Call
- II. Review and Approval of Minutes
- III. Review of Council Meeting Schedule and Bylaws
- IV. Implementation Issues
- V. Remaining Business
- VI. Public Testimony

MINUTES

MAYOR'S HIV HEALTH SERVICES PLANNING COUNCIL

FEBRUARY 25, 1991

4:00 - 8:00 p.m.

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Members present: Sandra Hernandez, Pierre Ludington, Michael Baxter, Moher Downing, Marcy Fraser, Yvonne Frazier, David French, Estela Garcia, Jaime Geaga, Lydia Gorrez, Karen Hembry, Gifford Leoung, J. B. Molaghan, Bob Nelson, Veneita Porter, Eric Rofes, Claire Rappoport, Mike Shriver, Laura Thomas, Patricia Underwood, Reggie Williams, Mary Jane Wood, Ann Guillory-Thom

Members absent: Pat Christen, Gerald LeNoir, Steve Lew, Peggy Falkner, Anna Ramirez

Staff present: Sophia Chang, Bill Haskell, Carol Piccione, Galen Leung

Public present: David Lewis

I. Roll Call

Roll call was taken, as above. Sandra introduced Ann Guillory-Thom, new Council member to replace Phil Tingley. Ann is from the American Indian AIDS Institute.

II. Review of Minutes

Minutes from the meeting of 2-11-91 were approved.

III. Review of Council Meeting Schedule and By-Laws

The Council voted to amend the current By-Laws to reflect the change in the Council regular meeting time to every two weeks. The first sentence of Article IV - Meetings, Section 7 - Regular Meetings, shall be amended to read: Regular Meetings of the Council shall be held twice monthly on the second and fourth Mondays, from 4:00 - 6:00 pm. This policy is effective April 1, 1991.

The Council also discussed the Termination criteria in the By-Laws, and decided not to make any changes. It was noted that the first quarter (3 months) for absentee policy purposes ends February 28, 1991, and the second quarter will begin March 1, 1991.

IV. Community Reaction to CARE Awards

Sandra reported that the Health Commission heard presentation of the CARE Formula and Supplemental awards, and endorsed the findings of the Council on February 19, 1991 by Resolution. The Health Commission Resolution was appended to include the list of target populations. No public testimony was given at that time.

The AIDS Office has received 8 letters requesting a meeting with staff to discuss proposals that were not funded, or funded through the Supplemental grant only. The RFP Coordinator in the AIDS Office, Judith Weld, will meet with those requesting information to review their proposals along with others in the same service category. After this review, those requesting more information may meet with Pierre or Sandra. No Council or review panel decisions will be overturned.

Reaction to the notice of awards for community based organizations has reflected concern, particularly in the minority communities. Council members reported that people of color communities are questioning the legitimacy of the distribution of award monies, specifically the funding of non-minority organizations to serve minority communities; and the fairness of the Council process, especially the question of equal representation and access to information by all Council members. Sandra called a People of Color Advisory Committee meeting for this Friday, March 1, 1991, to discuss these concerns. Council members were encouraged to attend.

Council members expressed consensus that people of color on the Council were involved, integrated, outspoken members who represented their communities to the best of their abilities; and that effort were made to fund minority proposals where they met the criteria required for application. The Council acknowledged the short time frame (2 weeks) agencies had to produce a proposal, and that this may have been more difficult for smaller, less established organizations. Council members proposed that technical assistance be provided to agencies in the future, in the form of consultants, quarterly workshops, or actual assistance during a proposal writing period. It was also pointed out that some agencies do not perceive the need for technical assistance, or do not wish to receive it. Sandra noted that a proposal writing package was prepared for community based organizations last year by Chris Sandoval, Community Liaison at the AIDS Office.

It was stressed by several Council members that these problems are not unique to the AIDS Office, but are concerns that surface throughout the City in regard to contracts, and the bidding process. Council members suggested that the Council may want to reevaluate how monies were allocated, and in the future, consider stipulating specific funding for minority organizations.

The Council also agreed that the streamlined RFP process that was used resulted in a good percentage of new contractors receiving funds, and enabled San Francisco to meet the deadline demanded by federal legislation.

V. Public Hearing

At the last Council meeting, the Council proposed holding a public hearing in March, to inform the public how Council decisions were

made regarding allocations of CARE monies. It was pointed out that media coverage after the Mayor's press conference lacked information about the Council's process in identifying priorities for funding. Council members voted to hold the public hearing on March 18, 1991, from 4:00 - 6:00 pm., in Room 300, 101 Grove St., and to move the regular Council meeting date from March 18 to March 11, 1991. The Council will plan the details of the presentation to the community at the next Council meeting on March 4, 1991.

VI. Implementation Issues

Sandra reported that the Health Commission has approved all CARE contracts, which should expedite the contract development and certification process. San Mateo and Marin Counties will not need contracts, but rather memoranda of understanding to receive their monies. This should also enable the process to move more quickly.

Carol will prepare a timeline for next meeting which reflects the Council's activities listed in the implementation plan over the next year.

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HIV HEALTH SERVICES PLANNING COUNCIL
25 Van Ness
3rd Floor Conference Room

March 4, 1991
4:00 - 6:00 p.m.

DOCUMENTS DEPT.

AGENDA

MAR 5 - 1991
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- I. Roll Call
- II. Review and Approval of Minutes
- III. Preparation for Public Hearing March 18, 1991
 - * Presentation: who, how long
 - * Public testimony: format
- IV. Review of Implementation Timeline
- V. Public Testimony

HIV HEALTH SERVICE PLANNING COUNCIL

MEETING SCHEDULE - REVISED

March - April, 1991

DOCUMENTS - ST.

MAR 5 - 1991

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MARCH 4	4:00 - 6:00 p.m.	AIDS Office, 25 Van Ness, 3rd Floor
MARCH 11	4:00 - 6:00 p.m.	AIDS Office, 25 Van Ness, 3rd Floor
*MARCH 18	4:00 - 6:00 P.M.	DPH, 101 Grove St., Rm 300
APRIL 8	4:00 - 6:00 p.m.	AIDS Office, 25 Van Ness, 3rd Floor
APRIL 22	4:00 - 6:00 p.m.	AIDS Office, 25 Van Ness, 3rd Floor

* Public Hearing to inform the public of the Council's decision making process and recommendations.

SF
MINUTES

MAYOR'S HIV HEALTH SERVICES PLANNING COUNCIL DOCUMENTS DEPT.

MARCH 4, 1991
4:00 - 6:00 p.m.

MAR 8 - 1991

Members present: Sandra R. Hernandez, Pierre Ludington, Michael D. Baxter, Pat Christen, Yvonne Frazier, Jaime LeBlanc, Lydia Gorrez, Ann Guillory-Thom, Gerald LeNoir, Gifford S. Leoung, Steve Lew, J.B. Molaghan, Claire Rappaport, Mike Shriver, Mary Jane Wood

Members absent: Moher Downing, Marcy A. Fraser, David M. French, Estela Garcia, Karen F. Hembry, Bob Nelson, Veneita L. Porter, Eric E. Rofes, Wayne Sauseda, Laura Thomas, Patricia Underwood, Reggie Williams

Staff present: Sophia Chang, Bill Haskell, Galen Leung, Judith Weld, Dick Bufania

Public present: Margot Fermer, Steve Bowen, John Walmsley, Luigi Lucaccini

I. Roll Call

Roll call was taken, as above. Sophia introduced guests from HRSA who were present to observe. Sandra noted that Wayne Sauseda and his representatives have requested to become ex officio members of the Council and will attend meetings upon invitation. Sandra also noted that a letter has been sent to the Mayor's Office requesting that a union representative be appointed to the Council membership.

II. Review of Minutes

Minutes from the meeting of 2-25-91 were approved. Council members clarified that the reference to termination criteria regarded the new absentee policy which is applicable per quarter.

III. People of Color Advisory Committee Meeting

Gerald LeNoir and Lydia Gorrez reported on the special Advisory Committee meeting which was held on March 1, 1991 in response to the CARE allocations. They reported that attendees expressed their concern about the number of community-of-color organizations which were awarded CARE dollars. In particular, the attendees questioned the process used for determining priority service needs, the place of cultural competency in the review process and criteria, and the flow of information from the Council to the community. The Advisory Committee formed a subcommittee which will develop a document stating these concerns, and perhaps recommending solutions. Some suggestions proposed at the Advisory Committee meeting included: more technical assistance in proposal writing for applicants, allowing more time for proposal preparation,

the possibility of dual deadlines for obtaining additional information from applicants, and the possibility of the Advisory Committee presenting the Council with its recommendations for priority service needs.

Council members noted that the formation of review teams was severely constricted by the need to avoid conflict of interest. They also noted that review teams were in all cases ethnically balanced. Council members also recognized that they had originally intended to identify target populations for each service category but had been unable to do so. Some members reminded the Council that not only is competitive bidding still fairly new to AIDS services, but that the CARE allocation process was an emergency act and not intended nor capable of revamping the system of allocating AIDS funding.

Members noted that it would be helpful for the public to have more information about the process by which review teams were selected and conducted the reviews. The Council suggested that the AIDS Office notify all the Advisory Committees about Council meetings, and also that Council members take more responsibility in notifying their own communities. Sandra encouraged more Council members to attend Advisory Committee meetings. Council also discussed the need for monitoring and follow-up to evaluate the cultural competency of selected providers.

IV. Preparation for Public Hearing March 18, 1991

The Council voted to amend the Notice of Public Hearing as follows: 1) add the words "in formula monies" after "\$6,393,866"; 2) change the last sentence of paragraph two to read "Speakers are asked to keep their presentations to three minutes each."; 3) add a sentence stating that those members of the public who wish to speak must sign a roster upon arrival; 4) include a brief description of the Council's intended presentation (see below); 5) add the statement that the public is also welcome to submit written comments to the Council and may attend the Council's regularly scheduled meetings.

The Council voted to have forty-five minutes of formal presentation by council members at the beginning of the hearing with the remaining time left for public comment or questions. The format for the presentation was approved as follows:

- | | |
|--|------------------------------------|
| 1. Introduction of Council Members | Mayor's Office or Sandra Hernandez |
| 2. Overview of CARE legislation | Mike Shriver |
| 3. Process for Establishing Priorities | Pat Christen and Lydia Gorrez |
| 4. Composition of Review Teams and Review Criteria | Gifford Leoung and JB Molaghan |
| 5. Walk-thru Pie Charts and Hand-outs | Gerald LeNoir |
| 6. Ongoing Business, Monitoring and Follow-up | Ann Guillory-Thom and Steve Lew |

The Council voted to provide the following hand-outs at the Public Hearing:

- a. Summary of applicants
- b. Summary budget of awards, formula and supplemental
- c. Pie chart of DPH awards by service category
- d. Pie chart of contractual awards by service category
- e. Pie chart of awards by target populations
- f. Pie chart of awards by agency type
- g. Summary pie chart
- h. Number of new contractors

VI. Implementation Timeline

Sandra stated that the next regular Council meeting, scheduled for March 11, 1991, will begin with a review of the Implementation Timeline.

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2/18/91

*** NOTICE OF PUBLIC MEETING ***

The San Francisco HIV Health Service Planning Council, appointed by Mayor Agnos, has identified service gaps and priorities in HIV care in San Francisco, and developed a comprehensive plan for the organization and delivery of HIV services. This plan will be used for the implementation of the Ryan White Comprehensive AIDS Resource Emergency Act of 1990 (CARE) in San Francisco, which provides \$6,393,866 in Formula monies for delivery of HIV services. The San Francisco eligible metropolitan area (EMA) which has been awarded these funds encompasses San Francisco, Marin, and San Mateo Counties. The San Francisco EMA has applied for an additional \$6,319,965 in Supplemental CARE funds, and will receive notification of any award by April 4, 1991.

The Council will hold a public meeting to inform the public how Council decisions were made regarding allocations of CARE monies. Council members will discuss the Council's process for developing service priorities, the composition of the review panels, the review criteria used to evaluate applications, and CARE funding recommendations. The Council will also listen to public comment on the Council's decision-making process. Speakers are asked to keep their presentations to 3 minutes each; there will be a sign-in sheet for those wishing to speak at the entrance.

This hearing will be held from 4:00 pm. - 6:00 pm. on Monday, March 18, 1991, in Room 300 at the Department of Public Health at 101 Grove Street.

The Council encourages anyone with an interest in these issues who cannot attend this hearing to submit written comments to the Council c/o DPH AIDS Office, 25 Van Ness, 5th Floor, San Francisco, CA 94102. In addition, all Council meetings are open to the public, and each meeting includes a public comment period. For more information, call the AIDS Office at 554-9010.

HIV HEALTH SERVICES PLANNING COUNCIL

March 18, 1991

The Minutes of this meeting are missing.

HIV HEALTH SERVICES PLANNING COUNCIL

April 8, 1991

The Agenda of this meeting is missing.

MINUTES

MAYOR'S HIV HEALTH SERVICES PLANNING COUNCIL

April 8, 1991

4:00 - 6.00 p.m.

Members Present: Sandra Hernandez, Pierre Ludington, Michael Baxter, Moher Downing, Marcy A. Fraser, Yvonne Frazier, Jaime Geaga, Ann Guillory-Thom, Karen F. Hembry, J.B. Molaghan, Bob Nelson, Claire Rappaport, Eric Rofes, Mike Shriver, Reggie Williams

Members Absent: Sophia Chang (E), Pat Christen (E), Estela Garcia (E), Lydia Gorrez (E), Gerald Lenoir, Gifford S. Leoung (E), Steve Lew, Patricia Underwood, Mary Jane Wood

Staff Present: Jimmy Loyce and Judith Weld

I. Roll Call

Roll call was taken, as above.

II. Review of the Minutes

Minutes from 3/11 & 3/18 meetings were discussed and approved with the following correction:

Joe Gonzales' testimony at the 3/18 Public Hearing should be changed to read "gay Latino man."

The Council voted unanimously that co-chairs should draft a letter to Mayor Agnos requesting that a gay Latino male be appointed to the Council.

III. Review and Discussion of Public Hearing

Council discussed the possibility of funding technical assistance to CBO's for proposal preparation. The co-chairs stated that the City must stay within the 5% cap of CARE money for administrative costs. They suggested that other funding resources may be available and that the Council could solicit T.A. from private profit and non profit sectors.

The Council suggested the following possibilities for providing technical assistance:

1. Solicit T.A. help and distribute resource list;
2. Include T.A. in responsibilities of new AIDS Office CARE staff;
3. Develop a timeline which is more conducive to better prepared proposals.

The Council concluded that it needs to evaluate the whole solicitation process in order to encourage better quality proposals. Sandra will ask AO staff to develop a plan to provide T.A., and will present it to the Council.

Council suggested contracting or setting aside money for agencies to go to a third party to access hours of T.A., for example via a Term Purchase Agreement.

Council discussed issues which should be addressed when they set priority service needs in future: 1) alternative care; 2) geographical allocation; 3) allocating chunks of money to types of services; 4) the need for epidemiological data on neighborhoods.

Council discussed the need to have more of an overview of applications and review team recommendations prior to final awards.

Sandra suggested that AO staff could identify gaps and present them to Council which could then give generic guidance for awards. May need help from City Attorney in developing a process with no conflict of interest. The possibility of applicant interviews or presentations during review process was also mentioned.

Sandra noted that the analysis done for the 3/18 public meeting would have been helpful to the teams and the Council in the review and decision process. Council also noted that this year while monitoring programs it will become evident where gaps still exist, which will assist Council during allocations for next year.

Council discussed the need to review the definition of "underserved." Council realizes that the definition may have been too broad and should be more specific next year.

IV. Update on CARE Titles II and III

Co-chairs indicated that the State has identified the SFDPH and the Planning Council as eligible to apply for Title II funds as a consortium. Marin & San Mateo are included in the San Francisco EMA consortium.

Council reviewed Sophia's memo which lists various options for the application. Options discussed included:

- AIDS Drug Program
- Pilot Care Case Management
- Augmentation of existing services
- Service Demonstration Project (since they are only funded for 5 months by Title I. All of HRS branch is funded by HRSA SDP.)

Sandra pointed out that the AIDS Drug Program ran at \$1 million per month statewide last year. It was budgeted at \$9.2 million for the year which was \$3 million under utilization. The State will budget ADP at \$9.2 million again for next fiscal year. So, the S.F. Planning Council may want to use Title II money to help fund AIDS Drug program. The State is having a Medical Advisory committee evaluate costs and additional drugs to be included. The State, however, is unable to staff an evaluation of the projected need for new drugs. Sandra believes that San Francisco currently uses \$2.8 million and needs an extra \$500,000 for next year. This \$500,000 was set-aside in CARE Title I, but Council may revisit that allocation. Also, Council must determine what drugs should be included under that \$500,000.

A motion was made and discussed to apply for maximum Title II money for which San Francisco is eligible. Motion passed with one abstention. The Council recognized that it needs to make decisions soon since State turnaround for the Title II RFP will be very tight.

Council discussed the possibility of applying for Title II money to fund T.A. position discussed earlier.

Sandra suggested AIDS Office staff present suggestions for use of Title II funds to Council at their next meeting. Sandra recommended that the Council read State's Title II package (dated 3/5/91) provided.

Title III will be co-administered by CDC & HRSA for early intervention referral and partner notification as well as care. Some monies will be administered through BHCDA. Title III applications will be due June 3.

V. Update from Evaluation Sub-Committee

Yvonne Frazier reviewed the report from the evaluation sub-committee. Suggested having a report from this sub-committee on every agenda. Sandra asked Karen Hembry and Yvonne Frazier to continue the sub-committee meetings and report to the Council.

VI. Update on Intergovernmental Sub-Committee

The IGA sub-committee will meet on 4/19/91. San Mateo and Marin are identifying formula allocations. San Francisco will grant the money to the IGA instead of contracting it. The IGA will send a representative to the Council meetings on a regular basis.

VII. Review of Remaining Gaps in Service

Sandra discussed CARE Title I supplemental award to San Francisco, which was in full. A complete budget for the supplemental is required by May 3rd. Some line items do not have providers identified, e.g. private hospital based outpatient care. An RFP will be developed to identify this provider.

Council asked that this RFP be certain to stress target populations.

The review panel for the outpatient care RFP will be a new panel primarily composed of Planning Council members.

Council also needs to identify a provider for 24 hour dementia care. The AIDS Office will recommend sole sourcing a contract to a CBO who already has a licensed site available. In 2 weeks a package will be presented to the Council with recommendations.

VIII. Public Testimony

None

IX. Other Business

1. Sandra noted that the Title I supplemental contracts will be negotiated soon, and that all formula negotiations are completed.
2. Mayor Agnos may hold a press conference at a CBO which was awarded supplemental money. The council moved to commend staff for work on the supplemental proposal.
3. There will be a Congressional hearing on Friday in D.C. regarding next years' funding for CARE. Council should think about its role in lobbying, since the DPH cannot actually lobby. Sandra will testify in D.C. on Friday.
4. Sandra will organize sending something to Lydia Gorrez from the Council wishing her well while she is ill.
5. Bob Nelson asked members to fill out postcards to the Governor regarding AIDS funding and return them to SF AIDS Foundation before 4/19.
6. Pierre states the federal Agency for Health Care Policy and Research, will add HIV/AIDS to its list of diseases. Will affect basic care policy decisions. Claire Rappaport has been appointed to the Commission.
7. Moher Downing asked that Council members send representatives to Prevention Advisory Committee meetings. Also, Moher has a copy of Women & HIV research and policy needs and would appreciate help in prioritizing them by April 15th.

SF
422
#1
4/22/91

- SF

HIV HEALTH SERVICES PLANNING COUNCIL
25 Van Ness Avenue
Third Floor Conference Room

April 22, 1991
4:00 to 6:00 p.m.

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AGENDA

- I. Roll Call (5 minutes)
- II. Review and Approval of Minutes from April 8th Meeting.
(10 minutes)
- III. Review and Approval of CARE Supplemental Budget (15
minutes)
- IV. Discussion re: CARE Title II Application/Use of Funds
(40 minutes)
- V. CDC Pilot Project/Title III Implications
(15 minutes)
- VI. CARE Contract Update
(5 minutes)
- VII. Report from the EMA Counties
(20 minutes)
- VIII. Public Testimony (10 minutes)

HIV HEALTH SERVICES PLANNING COUNCIL

April 22, 1991

The Minutes of this meeting are missing.

HIV HEALTH SERVICES PLANNING COUNCIL

April 29, 1991

The Agenda of this meeting is missing.

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4/29/91

MINUTES

MAYOR'S HIV HEALTH SERVICES PLANNING COUNCIL
APRIL 29, 1991
3:00 - 5:00 p.m.

- Members Present: Sandra Hernandez, Pierre Ludington, Michael Baxter, Pat Christen, Marcy Fraser, Estela Garcia, Jaime Geaga, Ann Guillory-Thom, Gerald LeNoir, Gifford Leoung, Steve Lew, Mary Jane Wood.
- Members Absent: (all excused, due to special meeting status) Moher Downing, Yvonne Frazier, David French, Karen Hembry, J.B. Mologhan, Bob Nelson, Claire Rappoport, Eric Rofes, Mike Shriver, Patricia Underwood, Reggie Williams. Veneita Porter
- Staff Present: Sophia Chang, Bill Haskell, Galen Leung.
- Public Present: Michael Thompson, Les Hanson, Joe Gonzales, Concha Saucedo, Anna Mautz, Ali Marrero, Robert Tsosie.

I. Roll Call

Roll Call was taken, as above. Because a quorum was not present, only discussion took place, and no votes could be taken.

II. Review of the Minutes

Minutes from the 4/22/91 meeting were discussed, no changes or corrections were noted.

III. Review of the People of Color AIDS Advisory Committee Recommendations to the Planning Council

Four basic issues were identified from the memo to the Planning Council.

- 1) Clarification of the term "cultural competence" and how it should affect provider selection and service evaluation criteria. The POC Advisory Committee is currently working on their proposed definition(s).
- 2) Review panel membership--Would the Planning Council like to reevaluate the CARE review panels to determine if a better panelist selection process can be determined? Discussion reflected a general feeling that the original process was a fair one, with adequate representation. It was suggested that the People of Color Advisory Committee might want to develop a list of potential panelists, based on their community affiliation and expertise.
- 3) Clarification of how CARE dollars should be spent. What is the definition of a "minority-based" organization, and should there be a set aside?

4) Should some services be let to bid at all, and at what frequency? It was pointed out that if all CARE services were to be relet, then there would be insufficient time for new services to begin and be evaluated. If the Planning Council chooses, for example, to undergo a two round process for CARE proposal review, then the call for applications would need to go out in September, requiring final Council decisions on the reprioritization of services by the end of August. CARE funded services will begin in May and June with formula and supplemental funds, respectively.

III. Review of Proposed Uses of CARE Title II Funds

The memo from Sophia Chang was reviewed and discussed. The recommendations in that memo are not presented in any priority order.

1) Continued support for the HRSA Demonstration Project was discussed. Advantages in supporting this is that it enables these programs to fold smoothly into the CARE funding cycle. As older programs, the Planning Council might also consider putting these services out to bid sooner than some of its newly funded programs.

The pros and cons of evaluating individual programs currently funded as part of the SDP were discussed. While there was some hesitation in providing "blanket" approval to all programs, it was also felt that individual program review based on CARE priorities might be unfair given that these programs were never proposed with CARE priorities in mind. It was also mentioned that the CARE priorities were based on the assumption that these SDP programs already existed, and formed the basis of the "continuum" of care. Conflict of interest issues would also be raised if the Council evaluated each program individually for continued or discontinued funding.

2) Residential AIDS Shelter funding (RAS). The total loss in State funding for these programs is approximately \$16,600, or approximately \$5,500 for each of the three existing programs. While it appears appropriate for Title II to provide funding for these State supported services, the direct service implications of this level of cut is still not clear. Pat Christen raise the fact that service providers funded through this program were expecting a cut, and may not be severely impacted by this lesser funding level. Title I funds did not provide any support for this program (paying for residential costs); one program did receive additional monies for services provided at a RAS site.

3) The Pilot Care case management augmentation would go solely to direct client services, and not to any case management costs. It was pointed out that this program is a primary source of services for undocumented persons with disabling HIV/AIDS.

4) AIDS Mental Health Programs, additional support for State funded programs. Approximately \$4,500 of this cut will affect HIV day health services, the additional \$5,700 would affect mental health residential services (exact services not clarified yet by the Division of Mental Health. While cuts to the mental health care system are deemed to be significant, it was felt that priority for use of CARE funds should still be for acute psychiatric/crisis intervention services.

Planning Council discussion was briefly interrupted to allow for public testimony. A preliminary list of Title II priorities was developed as follows:

- 1) Minority-specific case management programs
- 2) Technical assistance programs for small CBOs
- 3) Women's case management services (might also be folded into "1)" above).
- 4) Continued support for the HRSA Service Demonstration Project
- 5) Additional support for Pilot Care Project direct services

The AIDS Office staff will go ahead and develop proposed budgets for the use of Title II funds for Planning Council review on May 13th. The final proposal is due to the State on May 29th.

IV. Public Testimony

1) Les Hanson (representing the American Indian AIDS Institute) presented a request for an additional \$30,000 in funding from CARE Title II to augment a 0.5 FTE case manager to a 1.0 FTE position. This case manager time augmentation would allow better liaison with medical clinic services for American Indians with HIV.

2) Joe Gonzales (representing CURAS) presented a request for an additional \$100,000 to augment Latino community-specific case management services. Their original request was for \$675,000, and they were awarded \$100,000 in the CARE supplemental grant. This augmentation of their program would allow them to more closely realize their proposed model of case management, and would serve an additional 50 HIV+ clients and their families.

3) Ali Marrero (representing the People of Color AIDS Advisory Committee) endorsed the augmentation of the CURAS and AIAI case management programs. The committee also endorsed an augmentation of case management services for the Asian/Pacific Islander community as proposed by GCHP/FTFA. They are requesting an additional \$20,000 in augmentation to allow full funding of their original \$95,000 proposal. Planning Council members specifically questioned whether the POC Advisory Committee had any endorsements specific to the African-American community. She claimed that no agency asked for POC endorsement.

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422

#1

5/13/91

-SF

HIV HEALTH SERVICES PLANNING COUNCIL
25 Van Ness Avenue
Third Floor Conference Room

May 13, 1991
4:00 to 6:00 p.m.

DOCUMENTS DEPT.

MAY 3 1991

SAN FRANCISCO
PUBLIC LIBRARY

AGENDA

- I. Roll Call
- II. Review and Approval of Minutes from April 29th Meeting.
- III. Review and Approval of CARE Title II Proposed Budget
- IV. CARE Contracting Update
- V. Review of People of Color AIDS Advisory Committee Recommendations
- VI. Financial Information Assessment Update
- VII. Discussion of Definition of Case Management
- VIII. Public Testimony

NOTE: THE NEXT SCHEDULED PLANNING COUNCIL MEETING WILL BE ON THURSDAY, MAY 23, 1991 FROM 4:00 TO 6:00 P.M. THE LOCATION WILL BE IN ROOM 300 AT 101 GROVE STREET.

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2F
MINUTES

MAYOR'S HIV HEALTH SERVICES PLANNING COUNCIL

MAY 13, 1991

4:00-6:00 p.m.

SF
H22
#2
5/13/91

Members Present: Sandra Hernandez, Michael Baxter, Pat Christen, Moher Downing, Marcy Fraser, Yvonne Frazier, Estela Garcia, Jaime Geaga, Anne Guillory-Thom, Karen Hembry, Gerald LeNoir, Gifford Leoung, Steve Lew, J.B. Molaghan, Bob Nelson, Veneita Porter, Claire Rappoport, Eric Rofes, Mike Shriver, Patricia Underwood, Mary Jane Wood

Members Absent: Pierre Ludington (U), David French (U)

Staff Present: Sophia Chang, Bill Haskell, Jon Dean Green

Public Present: Michael Thompson, Michael Freeman McGuire, Elliot Ramos, Joe Gonzales, Hugo Manzo, Robert Surber

I. Roll Call:

Roll call was taken as above.

II. Review of Minutes

Minutes from April 29, 1991 meeting were discussed. Page 1, III 3) last line, the word "funds" was inserted before "set aside?". Minutes as changed were approved.

III. Review of CARE Title II Proposed Budget

Discussion was held on 2 primary budget issues of a) minority community based case management services and b) technical assistance, Pilot Care Case Management and HRSA Service Demonstration Project funds.

Discussion on the minority community based case management categories centered on whether or not women should be added to the proposed list and the amount of the allocation. The need for women to be a specific category was defended due to the need to meet the 19% State funding requirement and to ensure that women were able to access health care services. It was also felt that a social service case management model, with approximately 1.5 FTE would be required for such a service. Discussion was also held on adding youth and the hearing impaired to the list of community specific case management categories.

A) The following motions were passed by the Planning Council:

That monies for a women's case manager component be added to the minority case management category.

B) That the budget range for a women's case management category be set at \$50,000 to \$75,000.

Discussion next moved to the topic of technical assistance to contractors. The discussion centered on both the amount (\$68,290), its appropriateness, and questions concerning identification of the organization(s) to provide technical assistance.

C) The following motion was then passed by the Planning Council:

That the amount for Technical Assistance to Contractors be set at \$68,290.

Questions of how to identify providers for technical assistance were then brought up. Letters of interest and a formal process for resolution was the consensus.

The need for case management services specific to both the hearing impaired and youth was discussed. Purpose of the pilot care case management program was reviewed. The pilot care program provides in-home services, serves over 100 clients per month, 1/3 of whom are Spanish speaking, and represents a unique funding source for undocumented persons.

It was then pointed out that over \$200,000 of available funds (\$682,000) had already been earmarked with: \$68,000 for technical assistance, a consensus of approximately \$50,000 for a women's case management and \$98,000 for the pilot care program. Questions of the \$286,000 for the HRSA demonstration project were then asked. Sandra reminded the Council that the reason for the \$286,530 amount for HRSA was to continue support for the HRSA Demo project at its baseline. If the Council cut the HRSA amount, it would be a cut of existing programs to fund new programs. Also, the \$286,000 was a means of getting the HRSA Demo programs onto the CARE funding cycle.

D) Motion was made to set aside \$68,290 for technical assistance, Pilot Care at \$98,089, and \$286,530 for HRSA. This motion was denied.

Further discussion on budget categories for minority community based case management services were held. Youth and the funding amounts were again presented. The point was made that if the

categories for the case management continued to be expanded, that the available funds for each program would be so greatly reduced that the programs would be rendered inadequate. The point was made that the Planning Council was looking to fill service gaps and that a reevaluation of existing HIV services should begin soon.

- E) The following motion was then passed by the Planning Council:

That Native American, Latinos, Asian/Pacific Islanders, African Americans, and Women be the five categories for Minority Community Based Case Management.

- F) The following motion was then passed by the Planning Council:

That the HRSA Service Demonstration Project funds be set at \$286,530.

- G) The following motion was then passed by the Planning Council:

That the Pilot Care Case Management funding be set at \$98,089.

Discussion then moved to the process for community identification of service providers. The 19% level of funding requirement for women, infants, children and families was discussed here also. Youth services could fall into this category.

- H) The following motion was then passed by the Planning Council:

That letters of interest for community identification of providers of service for minority community based case management and technical assistance be solicited using the State language as criteria.

Discussion then ensued on setting the levels for the five categories for the minority case management services. Consensus opinion was with the following amounts: women at \$50,000, Native Americans at \$30,000, and Asians/Pacific Islanders at \$20,000. This left \$130,000 which should be equally divided between the Latino and African American categories.

- I) The following motion was then passed by the Planning Council:

That funding levels for minority community based case management be set at the following levels: Native Americans at \$30,000, Latinos, \$65,000, Asians/Pacific Islanders at \$20,000, African Americans at \$65,000 and women at \$50,000.

Sophia Chang then reminded the Council that in order to qualify as a State defined consortium for CARE Title II funds, the Council would need to expand to include representation of hemophiliacs, incarcerated individuals and the differently abled.

J) The following motion was then passed by the Planning Council:

That the Planning Council should expand to include categories needed to meet State criteria as a consortium under Title II.

Next, business unable to be completed at the April 29, 1991 meeting due to the lack of a quorum was addressed.

K) The following motions were then passed by the Planning Council:

- i. That the San Francisco Department of Public Health be designated as fiscal agent for CARE Title II funds.
- ii. That San Mateo County administer the regional plan for the five county area under the CARE Supplemental Grant.
- i. and That the minutes of the April 22nd meeting be approved.

IV) Public Testimony

Hugo Manzo: Mr. Manzo spoke to the Council about his fears concerning the continued division of case management services. If the Council divides the different minorities and then subdivides women out, where would it end?

Joe Gonzales: Mr. Gonzales congratulated the Council on the work it did and then spoke to the issue of process as seen in the division of CARE funds. He pointed out the careful work C.U.R.A.S. had done on their project which had not been fully funded, they came again to the Council for funds and once again are not fully funded. If CBO's cannot receive a certain baseline amount, they cannot meet the needs of their community. He also questioned the lack of a gay Latino male on the Council.

Michael Thompson and Michael Freeman-McGuire spoke to the Council on the needs of the indigent community. They stated that the "set aside" of specific funds was at times necessary to assure needs of minority communities are met, but that often indigents were overlooked. They pointed out that poverty cut across lines of color and more funds were needed to ensure that the needs of the indigent population were met.

Catholic
Charities
SAN FRANCISCO COUNTY

May 3, 1991

Sandra Hernandez, M.D.
Director,
AIDS Office/SF-DPH
25 Van Ness Ave. 5th floor
San Francisco, CA 94102

Dear Sandra:

I am writing to request that Catholic Charities be considered for Ryan White Supplemental funding for our 24-Hour Dementia Care Residence. The total amount that I am requesting is \$95,000 to be used for program operational costs during fiscal year 91/92.

As you know, I have serious concerns that the current annual operating of \$300,000 is not adequate for the administration of the dementia residence. The additional funding would allow for much needed personnel services, including:

1) Case Manager (1.0 FTE). Currently there is no case manager for the 12-15 residents. It is incumbent on the program director to both administer the program, supervise the staff and case manage the residents. In the event the director is sick or on vacation, there is no one to provide this service.

2) Janitor (1.0 FTE). Currently there is no janitorial component to the program. Given the medical/hygiene needs of an AIDS residential facility this is a critical need.

3) Home Care Attendants (2.5 FTE's). This would allow for an increase from 6.0 FTE's to 8.5 FTE's, which would mean adequate coverage for weekends and holidays. The current staffing would mean that, in order to provide 24-hour/7 days per week coverage, one attendant would normally have to provide services to 12-15 residents. This client ratio would be extremely difficult for an attendant.

In addition, the increase in funding would allow for various operational services, such as rent subsidies for the residents. (Residents are required to pay 75% toward board and care. This would mean that they would only have to pay 50%.) Other program costs includes staff travel and development and other costs that are not covered in our current budget.

BUDGET JUSTIFICATION FOR CARE SUPPLEMENTAL REQUEST

I. Personnel

Case manager (\$2,200/mo. x 1.0 FTE x 8 mos.)	17,600
Janitor (\$1,500/mo. x 1.0 FTE x 8 mos.)	12,000
Home Care Attendants (\$1,300/mo. x 2.5 FTE's x 8 mos.)	<u>20,800</u>
	50,400
Fringe Benefits @ 25%	<u>12,600</u>
Personnel Subtotal	63,000

II. Operations

Rent Subsidies (\$175/mo. x 15 residents x 7 mos.) (\$175/mo. x 6 residents x 1 mo.)	22,050
Staff Travel and Conferences (Out of Town Fees for 1.0 FTE)	900
Staff Travel- Local (\$28/mo. x 1.0 FTE)	224
Staff Training and Development	591
Printing and Reproduction	391
	<u>24,158</u>

III. Indirects @ 9%	7,844
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TOTAL SUPPLEMENTAL REQUEST	95,000
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City and County of San Francisco
DEPARTMENT OF PUBLIC HEALTH
Inter-Office Memorandum

DATE: March 8, 1991

FROM: Rinna B. Flohr, Coordinator, 
HIV Services, DMSF

THROUGH: Reiko True, Ph.D., Deputy Director
of Health, Mental Health Programs

TO: Sandra Hernandez, AIDS Office

SUBJECT: DMSF PROPOSAL TO PROVIDE
REQUESTED CRISIS MENTAL
HEALTH SERVICES TO HIV+
INDIVIDUALS WITH \$149,494

DMSF will provide the following types of Mental Health crisis services to the HIV+ population:

1. Psychiatric crisis arising from the discovery of an HIV+ or AIDS condition not mitigated by educational counseling provided at testing sites for 25 unique clients.
2. In-home crisis for individuals who are in psychiatric crisis and bed-ridden for 10 unique clients.
3. 24-hour phone crisis intervention and back-up consultation with a licensed clinician on-call for face-to-face intervention if needed for 28 unique clients.
4. Walk-in crisis services until 9:00 p.m. for 75 unique clients.

A total of 138 unique clients will be served with 4,416 units of service.

Crisis services will include:

184 units of crisis evaluation and assessment
368 units of brief psychotherapy
3,680 units of follow-up case management
184 units of consultation services
4,416 units

The average cost to the Ryan White C.A.R.E. Bill per unit of service is \$33.96. Actual costs may be somewhat higher due to need to utilize existing M.D.'s and some existing administrative and outreach team members.

We will be coordinating these services with Suicide Prevention and the Night Crisis Line and with SFGH Emergency Services, for when a crisis involves both psychiatric and medical issues.

We anticipate many of the 138 clients will receive some of each type of care. The unique client numbers project individuals who we anticipate may only accept one type of care offered.

Please let me know if this meets the Planning Committee's envisioned HIV+ mental health needs.

To accomplish the above objectives, the budget on the attached worksheet is proposed.

REF:mc

cc: Linda Wang, Adult Community Services, DMSF
Laura Grieneeks, Geriatrics
Tom Gallagher, Mission Crisis Center

Attachment

HIV+ Emergency Mental Health Services
Budget Worksheet

Item	Explanation	Amount	Totals
POSITIONS	(1) 2930 Psychiatric Social Worker (3rd step, .50 FTE)	21348.00	
	(1) 2588 HIV Emergency Worker (5th step, .25 FTE)	9192.00	
	(1) 2591 Health Programs Coordinator II (2nd Step, .75 FTE)	29637.00	
	(1) 2320 Reg. Nurse, Part-time	30000.00	
		=====	
	SUBTOTAL:		90177.00
SALARIES	Above salaries x 26% fringe		23446.02
	Premium time at 8% of 2930, 2588 and 2589 salaries, above		4811.16
	600 hours @ 1.25% of 2593 HPC III at 5th step for on-call carrying beepers		18882.00
EQUIPMENT AND SERVICE COSTS	2 Beepers and Service at \$45/mo. ea.		1080.00
	1 cellular phone		1000.00
	Phone service for cellular phone at \$.40 per call per minute		1000.00
MISC.	Transportation (Tokens, taxi cabs for clients, fast pass, wheelchair van if necessary, staff travel, etc.)		2395.00
	Materials and Supplies		1699.82
	Rent		5000.00
		=====	
	TOTAL, ALL ITEMS:		149494.00

Date: January 7, 1991
To: HIV Care Committee
From: Yvonne Frazier
Re: Possible Definition of Family

At a previous meeting, we discussed the possible definition of family. I suggested we utilize the definition of family that was developed by the Mayor's task force on family policy. (Approaching 2000: meeting the challenges to San Francisco's families").

Meaning of the terms Family and Domestic Partners

San Francisco possesses one of the most ethnically and culturally diverse populations of any city in the United States. Thus, the Task Force adopted a description of a family which it believes reflects this diversity and which is as inclusive as possible. When we speak of family we mean.

A unit of interdependent and interacting persons, related together over time by strong social and emotional bonds and/or by ties of marriage, birth, and adoption, whose central purpose is to create, maintain, and promote the social, mental, physical and emotional development and well being of each of its members.

One kind of family is one in which domestic partners are members. By domestic partners, the Task Force means two people who have chosen to share all aspects of each others lives in an intimate and committed relationship of mutual caring and love. It is important to utilize this term for two reasons. First, the Task Force believes that the relationships of committed couples are entitled to respect, regardless of marital status. Second, since lesbians and gay men are not at present time permitted to marry, recognition of domestic partnership is the only way to treat their relationships with equal dignity to which they are entitled."



May 8, 1991

Mr. Valentin Aguirre, Co-Chair
Latino Coalition on AIDS/SIDA
P.O. Box 410281
San Francisco, California 94141-0281

Dear Mr. Aguirre:

Thank you for your letter concerning Latino representation on the HIV Planning Council. I regret there has been a delay in responding to your request, but I wanted to wait until I had an affirmative response from the newest member of the Planning Council.

I am now able to report that Mr. Rodrigo Reyes has agreed to serve on the HIV Planning Council. Mr. Reyes has been involved in the San Francisco arts community for many years and is the founder of CURAS. He has also served in various capacities as an interpreter and linguistics expert and developed an AIDS video specifically geared to the Gay Latino community.

I am grateful for your concern for balanced representation on the Council and thank you again for taking the time to write, expressing your views.

Sincerely,

A handwritten signature in black ink, appearing to read "Art Agnos", with a large, stylized flourish extending from the bottom right.

ART AGNOS

AA/fms

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HIV HEALTH SERVICES PLANNING COUNCIL
Room 300
101 Grove Street

Thursday, May 23, 1991
4:00 to 6:00 p.m.

DOCUMENTS DEPT.

MAY 21 1991

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AGENDA

- I. Roll Call
- II. Review and Approval of Minutes from May 13, 1991 meeting
- III. Final Approval of CARE Title II Budget
- IV. Definition of "Family" and "Case Management"
- V. Update of CARE Supplemental Funding
 - a) Outpatient Primary Medical Care
 - b) Dementia Care
 - c) Acute Psychiatric Care

*Note: This meeting will be held on Thursday, May 23, from 4:00 to 6:00 in Room 300 at 101 Grove Street.

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MINUTES

MAYOR'S HIV HEALTH SERVICES PLANNING COUNCIL
MAY 23, 1991
4:00-6:00 p.m.

191
Members Present: Pierre Ludington, Pat Christen, Jaime Geaga, Anne Guillory-Thom, Steve Lew, Bob Nelson, Veneita Porter, Claire Rappoport, Eric Rofes, Mike Shriver

Members Absent: Sandra Hernandez, Michael Baxter, Moher Downing, Marcy Fraser, Yvonne Frazier, David French, Estela Garcia, Karen Hembry, Gerald LeNoir, Gifford Leoung, J.B. Molaghan, Patricia Underwood, Reggie Williams, Mary Jane Wood

Staff Present: Sophia Chang, Bill Haskell, Jon Dean Green

Public Present: Michael Thompson, Brian Christianson

Roll Call:

Roll call was taken as above. A quorum was not present. Discussion was held on topics from the council agenda. The first topic considered was that of the definition of "family". Changes to the definition provided centered around adding an economic component. (See attachment.)

A recommendation was made to call and send letters to Rep. Nancy Pelosi re Title I and the importance of monies going to local communities through Title I, rather than to the CDC and Title III. The point was made that the money itself was not in contention, but rather the question of where control of the money should rest -- at the local or national level. The members also felt that inviting Rep. Pelosi to a meeting of the Planning Council would be beneficial for all parties involved.

The next item considered was the May 22, 1991 memo from Jon Dean Green on CARE Title II case management services. The members discussed the question of sole sourcing the case management services to Latinos, African Americans, Native American and Asian/Pacific Islanders. Should the communities involved decide among themselves who they want to deliver the services? When reviewing the letters of interest, should the Planning Council have a random selection of its members for the review panel and include members of the community? The consensus was that for the communities of color case management services a short 2-5 page letter outlining intentions for service delivery should

suffice. A suggestion was made to send letters to coalitions and the People of Color Advisory Committee for recommendations of organizations from which the Planning Council should solicit such letters of interest.

Several members were concerned about the MOU process designed to implement CARE supported services to be delivered by divisions within the DPH. The consensus of council was that it would be appropriate to invite Geri Brown and/or Larry Meredith to an upcoming meeting to provide a status report.

Sophia Chang then presented an update on the CARE Supplemental funding. Four letters of interest had been received for the \$250,000 set aside for outpatient primary medical care. The original primary medical care review team will be recalled to look at these letters of interest. A service provider has still not been identified for dementia care residential services. For the acute psychiatric care funds, a letter has been received from Rinna Flohr of the Division of Mental Health, Substance Abuse, and Forensics, DPH, to propose a reconfiguration (for a different staffing pattern and communications equipment) of the funds already allocated to mental health crisis services. Rinna will be present at the meeting scheduled for June 17, 1991 to present this issue.

Next came public testimony from Michael Thompson of A.I.D.S. and Brian Christianson of Davies Medical Center. Both were seeking letters of support from the Planning Council for HRSA 1610-B funds. The 1610-B program offers a one time grant for capital improvements. (See attachments)

Possible Definition of Family

A unit of interdependent and interacting persons, related together over time by strong social, emotional and/or economic bonds and/or by ties of marriage, birth and adoption. The family's central purpose is to create, maintain and promote the social, mental, physical and emotional development and well being of each of its members.

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= HIV HEALTH SERVICES PLANNING COUNCIL

Room 300
25 Van Ness
3rd Floor Conference Room

Monday, June 3, 1991
4:00 to 6:00 p.m.

DOCUMENTS DEPT.

JUN 5 1991

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= AGENDA

- I. Roll Call
- II. Review and Approval of Minutes from May 13 & 23, 1991 meeting
- III. Review of Definition of Family
- IV. Update of CARE Supplemental Funding
 - a) Outpatient Primary Medical Care
 - b) Dementia Care
- V. HRSA Meeting
- VI. CARE Title II Letter of Interest Process
- VII. Implementation Update
- VIII. 1610-B Letters of Support

-SF

MINUTES

HIV HEALTH SERVICES PLANNING COUNCIL

JUNE 3, 1991

4:00-6:00 p.m.

Members Present: Sandra Hernandez, Pierre Ludington, Moher Downing, Yvonne Frazier, Estela Garcia, Ann Guillory-Thom, Gerald LeNoir, Gifford Leoung, Steve Lew, J.B. Molaghan, Veneita Porter, Claire Rappaport, Eric Rofes, Mike Shriver, Mary Jane Wood

Members Absent: Michael Baxter (E), Pat Christen (U), Marcy Fraser (E), David French (U), Jaime Geaga (E), Karen Hembry (U), Bob Nelson (E), Patricia Underwood (U), Reggie Williams (U),

Staff Present: Sophia Chang, Bill Haskell, Jon Dean Green

Public Present: Brian Christianson, Michael Thompson, Joanna Rinaldi

I. Roll Call:

DOCUMENTS DEPT.

Roll Call was taken as above.

II. Review of Minutes:

JUN 10 1991
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Minutes from May 13 & 23, 1991 were approved.

Quorum was not present at the beginning of the meeting. Discussion started with how to come to terms with the problems of both absenteeism and tardiness. Members present felt the lack of a quorum twice in a three week period was having a detrimental effect on the ability of the Planning Council to function. Decision was made to send a letter to all Planning Council members with the number of their absences. This letter would be to ascertain members' continued interest in participation on the Planning Council and to share concerns of the Planning Council around meeting times and absences.

A) The following motion was passed by the Planning Council:

That the time for the HIV Health Services Planning Council be changed to 4:30-6:30 p.m.

Pierre Ludington briefed the Planning Council on the site visit to E.A.C.H. by Senator Brock Adams, (D) Washington. Senator Adams met with Planning Council members to discuss the way in which San Francisco made fiscal allocation decisions. Senator Adams also addressed his concerns that funding at current levels would be a battle on Capitol Hill.

III. Review of Definition of "Family"

The definition of family to be used by the Planning Council was discussed. The Planning Council's consensus was the definition of "family" should be encompassing and inclusive.

B) The following definition of "Family" was approved by the Planning Council:

A unit of interdependent and interacting persons, related together over time by strong social, emotional and/or economic bonds and/or by ties of marriage, domestic partnership, birth, and adoption. The family's central purpose is to create, maintain and promote the social, mental, spiritual, cultural, physical, and emotional development and well being of each of its members.

IV. Update of CARE Supplemental Funding

a) Outpatient Primary Medical Care: Sophia Chang briefed the Planning Council. This is a pilot project to encourage private hospitals to provide outpatient HIV care to the uninsured. \$250,000 of CARE Supplemental funds were set aside for this purpose. A meeting with various hospitals was held on April 15, 1991. Letters of interest were received from Mt. Zion, Children's, Davies and St. Mary's. The members of the outpatient primary medical care review team were to be recalled to identify a provider. The program is hoped to be up and running by the end of summer.

b) Dementia Care: Bill Haskell briefed the Planning Council. A competitive RFP was issued for the development of a 24-hour dementia care residence for persons with AIDS who have moderate dementia. Catholic Charities was awarded \$300,000 of General Fund monies to develop this facility. The facility will be in development from June until October, 1991. Services are to begin in November, 1991. Mr. Haskell also informed the Planning Council of a DPH study considering the potential use of another facility, known as Chateau Agape, as a residence serving both mental health and AIDS dementia clients. The results of this study will be presented at the July 22, 1991 meeting along with any requests that may be forthcoming from Catholic Charities to support the development of its 24-hour dementia care residence.

V. HRSA Meeting

Pierre Ludington, Estela Garcia and Bill Haskell will be attending the HRSA meeting in Chicago on July 1-2, 1991. This meeting is for Ryan White CARE Title I planning council representatives and project directors to a) clarify roles and responsibilities of planning councils; b) provide the opportunity for planning councils to identify potential problems and solicit support in problem-solving; c) foster cross-fertilization among planning councils; and d) identify organizational strategies which have been successful.

VI. CARE Title II Letters of Interest

Questions were brought up concerning the letter of interest process for case management services under CARE Title II funds. The Planning Council did not want to see the funds divided into such small amounts that the funds would not provide adequate services, yet the Planning Council did not want to disallow service provision within a case management category by more than one provider.

C) The following motion was passed by the Planning Council:

That the review panels would send out letters of interest, evaluate letters of interest, and determine allocations within categories.

The Planning Council also recommended that AIDS Office staff solicit the various advisory committees for names of community members to serve on review panels.

D) The following motion was passed by the Planning Council:

To accept the timeline proposed by AIDS Office staff in a May 22, 1991 memorandum to the Planning Council.

VII. Implementation Update

No implementation update was given. Additional update will be provided at the July 22, 1991 meeting

VIII. 1610-B Letters of Support

Brian Christianson and Michael Thompson came before the Planning Council to request letters of support for their applications to HRSA for 1610-B funds for capital improvement. Letters of support for the application are required from a) the planning council of Title I eligible areas and b) the consortium funded under Title II of the Ryan White CARE Act. The HIV Health Services Planning Council would be acting as both bodies.

Brian Christianson, Davies Medical Center, spoke first on Davies Medical Centers plans for use of 1610-B funds if they receive the award. Davies proposes to expand their extant skilled nursing facility from 12 to 26 beds.

Michael Thompson, AIDS Indigent Direct Services (A.I.D.S.), then spoke on A.I.D.S. plans for use of 1610-B funds if they receive the award. A.I.D.S. proposes to convert a building on Turk Street in the Tenderloin into a hospice to provide hospice and long-term, non-acute care.

E) The following motion was passed by the Planning Council:

That letters of support be provided for applications by Davies Medical Center and A.I.D.S. for 1610-B funds.

IX.

Public Testimony

Joanna Rinaldi addressed the Planning Council on the still outstanding intradepartmental MOU with San Francisco General Hospital. Ms. Rinaldi spoke to the delay in approval of the SFGH/UCSF contract denying much needed substance abuse services. Ms. Rinaldi would like to see someone from the AIDS Office facilitate the approval of this contract. Sandra Hernandez addressed the delay in approval, and assured her of both the AIDS Office and Planning Council's oversight.

SF
H22
#1
6/17/91

SF

HIV HEALTH SERVICES PLANNING COUNCIL
Room 300
25 Van Ness
3rd Floor Conference Room

Monday, June 17, 1991
4:30 to 6:30 p.m.
(Note the time change.)

AGENDA

DOCUMENTS DEPT.

JUN 10 1991

SAN FRANCISCO
PUBLIC LIBRARY

- I. Roll Call
- II. Review and Approval of June 3, 1991 Minutes
- III. Planning Council Issues for HRSA Meeting in Chicago
- IV. Process for Letters of Interest
- V. Update from Working Committee on Evaluation
- VI. Review of Membership and Attendance
- VII. Public Comment

*The next meeting of the HIV Health Services Planning Council will be July 8, 1991, at 25 Van Ness, 3rd Floor, 4:30-6:30 p.m. Please note the time change.

SF
MINUTES

HIV HEALTH SERVICES PLANNING COUNCIL

JUNE 17, 1991

4:30-6:30 p.m.

Members Present: Pierre Ludington, Michael Baxter, Pat Christen, Moher Downing, Estela Garcia, Jaime Geaga, Ann Guillory-Thom, Gerald LeNoir, Steve Lew, J.B. Molaghan, Bob Nelson, Claire Rappaport, Eric Rofes, Reggie Williams, Mary Jane Wood

Members Absent: Sandra Hernandez (E), Marcy Fraser (E), Yvonne Frazier (E), David French (U), Karen Hemby (U), Gifford Leoung (E), Veneita Porter (E), Mike Shriver (E), Patricia Underwood (E)

Staff Present: Bill Haskell, Jon Dean Green

I. Roll Call:

Roll Call was taken as above.

II. Review of Minutes:

Minutes from June 3, 1991 were approved.

III. Planning Council Issues for HRSA Meeting in Chicago:

Bill Haskell described the purpose of the meeting. The four points for discussion are:

- 1) to clarify the roles and responsibilities of Planning Councils;
- 2) to provide an opportunity for Planning Councils to identify potential problems and solicit support in problem-solving;
- 3) to foster cross-fertilization among Planning Councils; and
- 4) to identify organizational strategies which have been successful.

Bill then asked the Planning Council for suggestions to bring forward at the Chicago meeting. Items felt to be important were: persons attending should meet with representatives from other cities to network and plan for lobbying of further appropriations in D.C.; take a copy of the notebook with Planning Council minutes and documents to the conference for reference, share it with those interested; request someone from Senator Harkins' staff attend the meeting; and request that Mr. Sheridan of the Sheridan Group attend to discuss lobbying efforts. Points representatives should put forward from the

experience here in San Francisco were: (1) the Planning Council had the power to make the decisions which it didn't have to go to mayor/board of supervisors/health commission for approval; (2) the leadership style of the co-chairs and their early efforts toward consensus; and (3) that at the beginning the Planning Council met long and often, which helped to get money out quickly. Questions to ask other representatives: how did they deal with questions of conflict of interest; what amounts went to People of Color (POC) communities, CBO's v. Health Departments; for POC community service, did they address issues of cultural competency; how did they decide on basic needs and priorities; and how did they solicit community/public input? The last point made was for representatives to clearly say, it has not been easy. Discuss San Francisco's struggles and difficulties, that San Francisco has not yet evaluated the funds disbursed. Let them know San Francisco doesn't think it has all the answers, and that for each city, there will be different responses that will work for them.

IV. Process for Letters of Interest

A question was brought up as to "augmentation" as used in the CARE Title II legislation. Did this imply that monies were to be used to only augment previous CARE funded projects, or to augment an existing service regardless of whether the service had been CARE funded.

A) The following motion was passed by the Planning Council:

That Title II monies specified for social service case management be used to augment CBO's, within communities of color and CBO's serving women with HIV, currently providing these stated services to those communities regardless of previous CARE funding.

The next question raised was the definition of People of Color community based. Did this mean that the board should be primarily persons of color or the staff? The consensus of the group was that they did not want these monies to go to an organization that within a year could have a staff or board that met a 51% board and staff persons of color criteria. The council felt it should be organizations whose mission was to serve communities of color.

B) The following motion was passed by the Planning Council:

That to be people of color community based, a minimum of 51% of the board and 51% of the staff must be people of color, and their primary mission as stated in their mission statement, is to serve communities of color.

V. Update from Working Committee on Evaluation

The working committee on evaluation is currently at a standstill. Originally Lydia Gorrez was the chair of the committee, after her subsequent resignation from the Planning Council, Yvonne Frazier took over the chairmanship of the committee. Due to scheduling difficulties with members and preparations for the VII International Conference, the committee

has not met recently. The consensus of the Planning Council was that this lack of movement was problematic. Suggestions were made to have the Planning Council as a whole take up the issue of evaluation and come up with definitions for the evaluation tool. There were concerns expressed by members with the Planning Council taking up the matter as a whole. Reservations were that members did not want to reinvent the wheel, that tools were extant that could be modified for usage by the committee to evaluate. Also, Yvonne was well versed in this area and should be given a chance to use her expertise to the Council's benefit. The suggestion was put forward to have the AIDS Office staff supply the Planning Council with sample evaluation tools to help narrow down the choices to something workable. Final consensus reached was to table Yvonne Frazier on the agenda for July 8, 1991 and make further decisions thereafter.

VI. Review of Membership and Attendance

The letters included with the last set of minutes and agenda were to serve this purpose. Members with questions concerning the above could contact the AIDS Office. There was no discussion.

The Planning Council next considered items not on the agenda.

a) Residential Dementia Care

Bill Haskell reviewed the ongoing negotiations with Catholic Charities of San Francisco for the development of a 24-hour dementia care residence. Catholic Charities had bid on an RFP to provide residential dementia care. After various changes in the amounts to come out of the General Fund resulting from changes in the City's budget, the final amount set was \$250,000 for FY 90-91. This amount, plus \$300,000 from FY 91-92 General Fund monies, was to be used to support this contract. After reevaluating the service to be rendered, Catholic Charities was unsure of its ability to develop the dementia care facility for the total amount set at \$550,000, or its ability to use any of the initial \$250,000 before June 30, 1991. If Catholic Charities was unable to provide this service, there would be little time to find another contractor before July 1, 1991, at which time all unexpended General Funds were to revert to the City to pay for the budget deficit. Accordingly, the \$250,000 for FY 90-91 would be lost to AIDS services.

The Planning Council discussed ways to avoid the loss of this \$250,000. Questions were raised as to whether the parameters of the RFP were broad enough to enable these City funds to be used at another dementia care site. Could these funds be used to buy beds at Laguna Honda, or would it be possible to rollover the funds to the next fiscal year? The Planning Council instructed AIDS Office staff to avail themselves of all possibilities to avoid the loss of monies for this much needed service.

b) UCSF School of Dentistry

The last item brought before the Planning Council was a request for a letter of support from the School of Dentistry at UCSF to

apply to the Division of Associated and Dental Health Profession. UCSF proposed to use the funds awarded as the basis for providing oral and dental care for HIV/AIDS patients who are otherwise not covered for reimbursement. The Council felt that efforts made to increase the supply of dental care for persons with HIV/AIDS was to be encouraged. However, they also wanted to encourage UCSF to ensure that persons with AIDS/HIV seeking treatment at UCSF were given appropriate and timely treatment.

C) The following motion was passed by the Planning Council:

To send a letter of support to UCSF for its application to the Division of Associated and Dental Health Professions.

SF
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/8/91

SF

HIV HEALTH SERVICES PLANNING COUNCIL
Room 300
25 Van Ness

Monday, July 8, 1991
4:30-6:30 p.m.
(Note the time change.)

AGENDA

- I. Roll Call
- II. Review and Approval of June 17, 1991, Minutes
- III. CARE Implementation Update

4:30	Yvonne Frazier
4:50	Dianne Miller
5:10	Flo Stroud
5:30	Janet Shalwitz
5:50	Gerry Oliva
6:10	Sam Ho

(Updates will consist of 10-15 minute presentations and a 5 minute question and answer session.)

- IV. Public Comment

(The following topics have been added at the request of Planning Council members. Please note that they will take the Planning Council past the 6:30 p.m. cutoff time for meetings. Allow approximately 30 extra minutes for discussion.)

- V. SFGH/AIDS Health Project
- VI. Subcommittee on Evaluation
- VII. DMSF proposal of 3/8/91 to provide crisis mental health services to HIV+ individuals
- VIII. Catholic Charities/Dementia Care

City and County of San Francisco
DEPARTMENT OF PUBLIC HEALTH
Inter-Office Memorandum

DATE: March 8, 1991

FROM: Rinna B. Flohr, Coordinator, HIV Services, DMSF 

THROUGH: Reiko True, Ph.D., Deputy Director
of Health, Mental Health Programs

TO: Sandra Hernandez, AIDS Office

SUBJECT: DMSF PROPOSAL TO PROVIDE
REQUESTED CRISIS MENTAL
HEALTH SERVICES TO HIV+
INDIVIDUALS WITH \$149,494

DMSF will provide the following types of Mental Health crisis services to the HIV+ population:

1. Psychiatric crisis arising from the discovery of an HIV+ or AIDS condition not mitigated by educational counseling provided at testing sites for 25 unique clients.
2. In-home crisis for individuals who are in psychiatric crisis and bed-ridden for 10 unique clients.
3. 24-hour phone crisis intervention and back-up consultation with a licensed clinician on-call for face-to-face intervention if needed for 28 unique clients.
4. Walk-in crisis services until 9:00 p.m. for 75 unique clients.

A total of 138 unique clients will be served with 4,416 units of service.

Crisis services will include:

184 units of crisis evaluation and assessment
368 units of brief psychotherapy
3,680 units of follow-up case management
184 units of consultation services
4,416 units

The average cost to the Ryan White C.A.R.E. Bill per unit of service is \$33.96. Actual costs may be somewhat higher due to need to utilize existing M.D.'s and some existing administrative and outreach team members.

We will be coordinating these services with Suicide Prevention and the Night Crisis Line and with SFGH Emergency Services, for when a crisis involves both psychiatric and medical issues.

We anticipate many of the 138 clients will receive some of each type of care. The unique client numbers project individuals who we anticipate may only accept one type of care offered.

Please let me know if this meets the Planning Committee's envisioned HIV+ mental health needs.

To accomplish the above objectives, the budget on the attached worksheet is proposed.

REF:mc

cc: Linda Wang, Adult Community Services, DMSF
Laura Grieneeks, Geriatrics
Tom Gallagher, Mission Crisis Center

Attachment

HIV+ Emergency Mental Health Services
Budget Worksheet

Item	Explanation	Amount	Totals
=====			
POSITIONS	(1) 2930 Psychiatric Social Worker (3rd step, .50 FTE)	21348.00	
	(1) 2588 HIV Emergency Worker (5th step, .25 FTE)	9192.00	
	(1) 2591 Health Programs Coordinator II (2nd Step, .75 FTE)	29637.00	
	(1) 2320 Reg. Nurse, Part-time	30000.00	
		=====	
SUBTOTAL:			90177.00
SALARIES	Above salaries x 26% fringe		23446.02
	Premium time at 8% of 2930, 2588 and 2589 salaries, above		4814.16
	600 hours @ 1.25% of 2593 HPC III at 5th step for on-call carrying beepers		18882.00
EQUIPMENT AND SERVICE COSTS	2 Beepers and Service at \$45/mo. ea.		1080.00
	1 cellular phone		1000.00
	Phone service for cellular phone at \$.40 per call per minute		1000.00
MISC.	Transportation (Tokens, taxi scripts for clients, fast pass, wheelchair van if necessary, staff travel, etc.)		2395.00
	Materials and Supplies		1699.82
	Rent		5000.00
			=====
TOTAL, ALL ITEMS:			149494.00

HIV HEALTH SERVICES PLANNING COUNCIL

July 8, 1991

The Minutes of this meeting are missing.

HIV HEALTH SERVICES PLANNING COUNCIL

July 22, 1991

The Agenda and Minutes of this meeting are missing.

HIV HEALTH SERVICES PLANNING COUNCIL

August 12, 1991

The Agenda of this meeting is missing.

MINUTES

HIV HEALTH SERVICES PLANNING COUNCIL

AUGUST 12, 1991

4:30-7:00 p.m.

Members Present: Sandra Hernandez, Pierre Ludington, Michael Baxter, Pat Christen, Moher Downing, Marcy Fraser, Yvonne Frazier, David French, Estela Garcia, Jaime Geaga, Ann Guillory-Thom, Karen Hembry, Gifford Leoung, Steve Lew, J.B. Molaghan, Claire Rappaport, Eric Rofes, Mike Shriver, Laura Thomas, Patricia Underwood, Reggie Williams, Mary Jane Wood

Members Absent: Gerald LeNoir (U), Bob Nelson (E), Veneita Porter (E)

Staff Present: Sophia Chang, Bill Haskell, Jon Dean Green

Public Present: Curt Klaus, Rinna Flohr, Hank Wilson, Jim Illig, Lee Cox, Randy Mayers, Andy Manatos

I. Roll Call:

Roll Call was taken as above.

II. Review of Minutes:

Minutes from the July 22, 1991 meeting were approved with the addition of the approval of the DMSF proposal to provide crisis mental health services, the addition of the first page of the memo from Yvonne Frazier on the Subcommittee on Evaluation, and changing the roll call to show Laura Thomas present.

III. Update on CDC AIDS Diagnostic Criteria:

Sandra Hernandez presented the proposed CDC change in AIDS diagnostic criteria. The change would alter the current definition for AIDS to include persons who are HIV+ and whose CD4 count is less than or equal to 200. This then presents the issue of where to demarcate the line for provision of services for persons with HIV disease. Sandra proposed that disabling HIV be used as the criteria. She stated the new change will affect education, prevention and testing more than it will health services provision. The Surveillance Branch of the AIDS Office (AO) estimates under the new definition 8,000 persons will be living with AIDS in 1993. This would include the addition of the 4,000 newly diagnosed persons under the proposed CDC definition. Sandra stated that this will probably not affect wait lists in many areas except crisis mental health.

Eric Rofes stated that the proposed change cuts to the core of who agencies serve and who they do not serve. Under the proposed change, what is early intervention? What is service to PWAs? He requested that the DPH take on the question of responding system wide.

Sandra Hernandez also spoke to the matter of those persons who are HIV+ and who have never been tested. It becomes a moot question if their CD4 count is less than or equal to 200, because they are not accessing our AIDS care system for evaluation.

Ann Guillory Thom stated that this proposed change still did not address issues concerning women and their manifestations of HIV disease. Sandra Hernandez responded by reminding the Planning Council of our continued need to study AIDS survival and opportunistic infections, especially as they pertain to women and other underserved populations.

IV. Dementia Care

Sandra Hernandez began the discussion by reviewing background of the \$300,000 in CARE Supplemental funds designated for the provision of residential dementia care by the Planning Council. Residential dementia care was the only category included in the call for applications that received no response. The Planning Council subsequently requested that the AO staff review alternatives for the use of this \$300,000 to provide residential dementia care. Catholic Charities (CC) had received from 1991-92 General Fund (GF) monies \$300,000 to provide residential dementia care, plus a \$250,000 carry forward from 1990-91 GF monies for renovation of a building in which to provide the service.

Curt Klaus from Catholic Charities addressed the Planning Council on the CC request for \$99,224 in additional funds from CARE Supplemental funds. The \$99,224 amount CC was requesting from CARE was to augment the original submitted operating budget for the provision of services in its 15 bed facility. The \$300,000 (GF) would only support a bare bones program. The new monies requested were needed to help qualify the program under the new licensing requirements specifically to amplify the client staff ratio. The new staffing pattern proposed to be supported by the additional funds would be 1.0 FTE case manager, 2.5 FTE home health aids, and 1.0 FTE janitor. Without the additional funding, residents would have to contribute 75% of their income; with the addition of the \$99,224, only a 50% contribution would be necessary.

Q-What is the timeline proposed? A-CC has been waiting to see if they would receive additional CARE dollars. There are problems with the current site selected. They would need to update its seismic capabilities, and since the site has a historical designation, this would be a fairly involved process. Currently, CC is also considering another site which would need fewer renovations. The shortest time they have under consideration would be 8 months from now to start of service delivery. The current allocation under their proposed plan for

renovation is \$180,000. Some of the sites they have under consideration could take up to \$500,000 in renovations.

Q-Why has Catholic Charities taken so long in the development of a residential dementia care facility? A-(Sandra Hernandez) A significant part of the delay has been due to the changes in the budget from the City for the provision of this service. Originally, \$300,000 of GF dollars was budgeted. This was subsequently cut to \$150,000. In later budgets, \$100,000 was restored, leaving \$250,000 for the 90-91 fiscal year. By the time the budget amount was definitively determined by the DPH, CC had only 6 weeks in which to expend the funds, too short of a turn around time. This \$250,000 combined with the \$300,000 91-92 GF monies gives them \$550,000 to be expended in 91-92. Given the new licensing requirements, up to \$500,000 of those monies might be needed for renovation this fiscal year.

Q-(Pat Underwood) There were no provisions in the 90-91 GF allocation of \$300,000 for capital improvements. Why are those funds being used for renovations? A-(Sandra Hernandez) CC went before the Board of Supervisors and requested a carry forward from 90-91 of \$250,000, the final budget amount for that year, and specifically requested that it be used for capital improvements. The Board approved this request.

Curt Klaus then discussed CC's reluctance to move forward due to unknowns surrounding the \$250,000 carry forward, licensure requirements and client:staff ratios. Sandra reminded the Planning Council that problems are the norm for start up of new residential facilities. CC was not to blame for problems that were entirely out of their control. Sandra Hernandez then went on to remind the Planning Council of their options. The AO could re-bid the proposal, sole-source it, etc. Both sides have had good faith dealings in trying to get this project up and running. Sandra stated CC has an excellent track record with the AO for residential services to AIDS patients.

Curt Klaus stated that Catholic Charities wanted to see residential dementia care provided in San Francisco. CC wants to see these services provided, whether or not they were provided by CC.

Q-Would the \$250,000 carry forward be lost if it went to another agency? A-Unknown, the AO would have to check with the clerk of the Board of Supervisors.

A) The following motion was passed by the Planning Council:

To deny CARE Supplemental dollars to augment the Catholic Charities proposal. The AO should re-evaluate the RFP and GF monies in light of the new licensure requirements.

Sandra Hernandez next spoke to the proposal developed by the Department of Public Health (DPH) at Ray Baxter's request, to pilot a project that combines in a board and care facility mental health clients and HIV clients (see attachment). This mixture would allow: a) a combination of mental health, social

and health care services to be made available in one residential care facility for persons with differing mental and physical disabilities; b) a diverse base of financial support to enable ongoing operation of this mental health facility; c) a new model of residential care to integrate persons with HIV, where appropriate, into existing health care service delivery systems; and d) the City to better meet the needs of the changing mental health and HIV patient populations.

The premise behind the development of this program was two fold: a) board and care beds for the mentally ill are declining City-wide, due to the low reimbursement rate; and b) the Planning Council is concerned with provision of services to PWAs with moderate dementia. The proposed Chateau Agape (CA) project would perform a dual purpose of maintaining mental health beds and mixing PWAs with dual diagnosis or dementia, where appropriate. The mixture in the facility would be 15 beds HIV specific and 15 beds non HIV specific.

The questions asked at the last meeting were:

- 1) Could the populations be mixed?
- 2) Would this proposal meet the patients' needs?

The three other questions facing this proposal are: a) licensure expansion from 27 to 30 beds; b) renovations to the existing facility; and c) identification of a not-for-profit provider/operator. Page eight of the proposal discusses concerns in regards to patient mix, page 11 addresses the transitioning of new patients into the facility and page 12 gives a timeline and lists potential providers.

This is a unique proposal. By having a non-profit operator, it allows the operator to generate monies from non-profit sources, it allows the DPH to screen clients for appropriateness, it addresses the mix of persons with and without HIV and attempts to ensure a safe environment for both populations.

A six to nine month evaluation tool needs to be built into the proposal. It will determine if the pilot project is working, whether this is a safe place to live and how successfully the integration is taking place. Ray Baxter, the AIDS Office and the Department of Mental Health, Substance Abuse and Forensics (DMSF) support this proposal. Sandra Hernandez next reminded the Planning Council that this project is not just for AIDS dementia patients. It redirects some funds to patients with dual diagnoses (mental illness and HIV disease).

The proposed operating budget for this facility is approximately \$647,000. \$300,000 is CARE funds, \$100,000 is redirected funds from the buyout of beds at Napa State Hospital, \$225,000 is from SSI, and \$21,000 is from SB155 funds.

Q-The last meeting had questions on staffing. What is the staffing pattern? A- Personnel makes up \$258,000 of the \$647,000 with the following staff: 1.0 FTE facility manager, 1.0 FTE licensed clinical supervisor, 0.5 FTE psychiatric technician, 5.0 FTE home health aids, 0.5 FTE activities

therapist, 1.5 FTE cooks, 1.5 FTE housekeepers, 0.25 FTE nurse consultant. DMSF and AO would each provide a case manager from other contracts.

Q-Most successful programs have providers who live on the premises. Will this? A-It depends on who the operator is. To have a live-in operator would cut down on the patient census. Only one room would be available for a live-in person.

Q-Would this proposal replace the Catholic Charities proposal? A-No, this proposal would address the needs of the dually diagnosed. The AO has identified CC as the provider for 24 hour residential dementia care, which is supported by City GF.

Q-Does it substitute for the CARE set aside for moderate dementia? A-Yes.

Q-What about the question of liability? A-This is a voluntary program. Patients sign consent forms to reside in the facility which include the rules and protocols of the program. There is some question of informed consent, but the City's lawyers are examining this issue.

Pat Underwood spoke for the proposal. She felt that long term care and mental illness have been compartmentalized for too long. "We need to evaluate this and see how it goes. We will evaluate it carefully. We have an obligation to see if mixes of this sort work."

Q-What is the fair market value of the property? A-Perhaps \$2.3 million. DPH is checking into the possibility of acquiring the property. An appraisal of the property is being made by the City's Department of Real Estate.

Q-Could Project Open Hand provide some of the meals, thereby freeing up some funds for evaluation of this program? A-The AO could check into this possibility.

Q-How much of the funds are CARE funds and how much DMSF funds? A-DMSF cannot currently match AIDS resources line for line in funds. They can use buyout dollars from the State. The Planning Council should understand that CARE dollars would be used to develop a pilot program for mixing patients.

Q-Is the Planning Council locking itself into continued funding for this residential facility if the project is not a success? A-No. The Planning Council can withdraw its support at the end of six months or any time it becomes apparent this is not working as planned.

Q-Can the project sustain itself long term? A-It will partially depend on the operator found for the facility.

Estela Garcia spoke for the proposal. She stated this is a strong proposal. It addresses the question of integration, which is good. The proposal also offers collaboration between CBOs and the DPH. CBOs have been looking for collaboration for some time. Collaboration makes the CBO a partner without taking

away the CBO's ability to be innovative. Chateau Agape has provided a model of service and it needs to continue to provide service.

Pierre Ludington stated that the Title I cities of Chicago and New York had similar programs which mix client populations that appear to be a success.

Q-Will there be a special education package designed for mentally ill patients regarding HIV, unsafe sex and inappropriate behavior? A-Yes.

Q-How long will it take to transition in persons with HIV?
A-There is an attrition rate of approximately 12 persons per year. There are currently vacancies, so 6 people could be moved in fairly quickly. By the end of the year there would be the 50/50 mix proposed.

Q-Will a six month period be enough to begin to evaluate this program? A-Yes.

Q-What is the viability of this facility without CARE funds?
A) The facility will probably close without CARE funds. We do require all programs to attempt to diversify sources of funding though. We need to attempt more creative collaborations and diversity of funding sources with more of our programs.

Rinna Flohr spoke concerning the DMSF/AO collaboration. DMSF would oversee the contract. DMSF is looking at realignment of some programs. If this is successful, DMSF could argue more successfully for greater realignment. Rinna then proceeded to discuss DMSF's application to the Mayor's Office of Community Development for assistance with renovations.

Q-Who covers the cost of medication? A-SSI supposedly covers the entire cost.

Q-There is one known person already in the facility who has HIV. Do we know the serostatus of the remaining residents?
A-No.

(Public comment was then called for.)

Hank Wilson, Ambassador Hotel: He feels this is a very exciting joint venture. The Ambassador already has a similar mix. He sees no reason for it not to work.

Jim Illig, Continuum: He recommends that the Planning Council not allow the Chateau Agape facility to be lost to the City. He stated he has concerns regarding the adequacy of the budget and staffing patterns, but not in regards to patient mix.

Lee Cox, Baker Places: Baker Places is already dealing with patients whom they refer to as triple diagnosed--HIV, substance abuse and mental illness. She feels the mix would work. The clients would need to be screened for level of functioning.

Randy Mayers, Baker Places: As stated by Lee, they have triple diagnosed patients in Baker Place, and it's working. You need to educate clients and staff about various concerns. In reality, in all residences the chances are good these clients are mixed. Don't let concerns about sexual activity stop the program from proceeding.

Jim Illig spoke on the ability of board and care facilities to choose their patients. With funding from the DPH, DPH would have control of patient mix. There will be a natural attrition to allow the mix to occur without displacing current clients.

B) The following motion was unanimously passed by the Planning Council:

That \$300,000 of CARE Supplemental funds be used to support the Château Agape mixed client residential care proposal.

V. CARE Title II Update:

a) Letters of Interest:

Jon Dean Green reported on the letters of interest process for identifying providers for community based social service case management for Latinos, Native Americans, Asian/Pacific Islanders, Women and African Americans. Review teams have been selected and are currently in the process of meeting to evaluate submitted proposals.

b) Technical Assistance:

Jon Dean then reported on the \$68,290 set aside for technical assistance (TA). After contacting several different technical assistance providers, and evaluating whether this was a service that the AO could perform internally, Jon Dean had tentatively identified The Support Center as the most likely candidate to provide the needed technical assistance.

The Support Center is a private non-profit technical assistance group that works solely with and for private non-profits. The TA that was proposed to be provided by the contractor needed to a) help make the CBOs better able to compete for funds; b) aid in the development of their infrastructure, policies and procedures, as well as fiscal management; and c) provide subject area training eg., substance abuse, AIDS 101 and infection control. Some sort of needs assessment to quantify the type and amount of TA among the varied CARE contractors was needed.

The Support Center offered the most comprehensive package for a reasonable cost. It has done work with the National Minority AIDS Council, the Western Consortium on Public Health and 11 various AIDS Service Organizations. The Support Center stated they could begin delivering technical assistance in November, after taking approximately one month to perform a needs assessment.

Sandra Hernandez then asked the Planning Council members who had previous knowledge of the Support Center to share their opinion of the Support Center's ability to perform this service.

Reggie Williams stated that he had worked with them in the past and found them to be competent and culturally sensitive. He would recommend them.

Pat Christen spoke on the TA the Support Center had rendered to the Foundation in fiscal matters and how, conservatively, the service had saved the Foundation several hundred thousand dollars through tighter controls on funds.

C) The following motion was passed by the Planning Council:

To sole source the set aside for Technical Assistance to the Support Center.

VI. Report on Client Financial Information System

Moved to next meeting.

VII. Planning Timeline

The proposed timeline of September, 1991 through February, 1992 was distributed by Jon Dean Green. The timeline given to HRSA for Supplemental Grant activities was also distributed. Jon Dean explained the Supplemental Activities timeline differentiation in the print. The small bold print was for activities the Planning Council was behind in, and the large bold print was for those activities the Planning Council would need to begin on to maintain timeline continuity.

With the workload being presented, timelag already present in necessary activities and the upcoming time crunch, the question became should the Planning Council begin to meet more regularly and/or longer.

D) The following motion was unanimously passed by the Planning Council:

That the meeting time for the Planning Council be extended to 4:30-8:00 p.m. with time for a break.

VIII. CARE Supplemental Update

Moved to next meeting.

IX. Report from Subcommittee on Evaluation

Moved to next meeting.

X. CARE Lobbying Update

Andy Manatos of Manatos and Manatos spoke of his firm's efforts to secure CARE funding on behalf of the City and County of San Francisco. The House of Representatives has appropriated an increase of \$25 million and the Senate a recommended increase of

\$69 million (there has been no floor vote yet). Andy expects the conference committee to approve an amount somewhere between the \$245 million and \$289 million figures. Andy states that in his opinion, the Title I cities were not as tightly organized as they could have been.

Tom Harkin has been the pivotal senator. Senator Harkin had questioned how the monies were being spent. When San Francisco's decisions on allocations were made, they were presented to Senator Harkin. The timeliness and appropriateness of San Francisco's process impressed the Senator.

Andy states that he is unsure of the future of CARE funding for two reasons: a) various programs will be vying with CARE for funding; and b) there will be more Title I cities.

Currently what needs to be done is to lobby the 12 to 15 senators and members on the conference committee. The Title I cities need to look to these senators and members, see whom they will listen to on the issue of AIDS and the Ryan White bill and lobby those advisors. Andy states that in his opinion the increase in numbers of PWAs under the proposed CDC change in AIDS definitions will not overly affect the conference committee members decisions due to conferees' home states and districts and the number of cases occurring therein.

XI. Other Business

Mike Shriver spoke to the Planning Council on his request for a letter of support from the Planning Council for a youth proposal to the Centers for Disease Control to coordinate local programs to prevent HIV infection and related priority health problems among youth in high risk situations. The amount the CDC is proposing is \$1.2 million, three-quarters of which will go to three cities to fund programs for youth at high risk of contracting HIV.

E) The following motion was passed by the Planning Council:

To write a letter of support for the Cooperative Agreement proposed by the CDC to coordinate local programs to prevent HIV infection among youth in high risk situations.

08131gaa

SF
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3/26/91

SF

HIV HEALTH SERVICES PLANNING COUNCIL
Room 200
25 Van Ness

Monday August 26, 1991
4:30 - 8:00 p.m.

DOCUMENTS DEPT.

AUG 29 1991

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Agenda

- I. George Lemp Presentation re: Seroprevalence, Cases, Trends (15 minutes)
- II. Citywide AIDS Funding Prioritization (30 minutes)
- III. Update on CARE Lobbying (15 minutes)
- IV. CARE Implementation Timeline (1 hour)
Decision re: competitive bidding
 - a: what to bid
 - b: when to bid
- V. Update on CARE Data Reporting Requirements (15 minutes)
- VI. Financial Information System (15 minutes)
- VII. Update from Subcommittee on Evaluation (15 minutes)
- VIII. CARE Supplemental Update (15 minutes)

Upcoming Meetings:

September 9 & 16
October 7 & 21
November 4 & 18
December 9 & 23

All meetings will be in the 3rd floor conference room except 9/16/91 which will be in the Training Room on the 5th Floor.

Please note date changes.

08181gaa

MINUTES

HIV HEALTH SERVICES PLANNING COUNCIL

August 26, 1991

4:30 - 8:00 p.m.

Members Present: Sandra Hernandez, Michael Baxter, Pat Christen, Moher Downing, Yvonne Frazier, David French, Estela Garcia, Jaime Geaga, Ann Guillory-Thom, Karen Hembry, Gerald LeNoir, Steve Lew, J.B. Molaghan, Bob Nelson, Mike Shriver, Laura Thomas, Patricia Underwood, Reggie Williams, Mary Jane Wood

Members Absent: Pierre Ludington (U), Marcy Fraser (E), Gifford Leoung(E), Claire Rappaport (E), Eric Rofes (E)

Staff Present: Sophia Chang, Jimmy Loyce, Jon Dean Green, Evelyn LeBlanc Leigh

I. Roll Call:

DOCUMENTS DEPT.

Roll Call was taken as above.

OCT 1 1 1991

II. Review of Minutes:

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Minutes of the August 12, 1991 meeting were approved.

III. Presentation re: Seroprevalence, Cases & Trends:

Moved to September 16, 1991 meeting.

IV. Update on CARE Lobbying:

Rene Durazzo, San Francisco AIDS Foundation, gave an update on CARE lobbying. The Senate markup for Health and Human Services is September 10, 1991. The Senate has proposed an additional \$68 million appropriation for Ryan White Funds, the House has proposed an additional \$20 million. Rene stated that the Sheridan Group had been very instrumental in the Senate's proposed markup, especially with Senator Harkin's staff. Rene then said that out of the 16 Title I cities, only Philadelphia had declined to participate in lobbying efforts in conjunction with the Sheridan Group around CARE Title I. The cities of New York and Oakland have yet to discuss the issue. Jersey City and Newark will work in tandem with New York for a regional approach.

A question was raised as to how the efforts of the Sheridan Group would be coordinated with those of the AIDS Action Committee (AAC). Rene stated that this was such a large issue, that a single entity would not be able to carry the legislation alone and lobby properly. The Sheridan Group would work with the AAC and Minority AIDS Council to coordinate lobbying for

greater funds for CARE. The question of the appropriateness of lobbying for CARE Title I as opposed to Titles II & III was raised. Rene spoke to this by reminding the Planning Council that it was the lobbyists for Title I who had lobbied extensively for CARE in the first go round, and the lobbyists had not shored Titles II & III. The last issue raised was the type of commitment the Planning Council was making in agreeing to work with the Sheridan Group. There would be no funds involved as the AIDS Foundation would be covering the cost. There would be no contract involved as it would be between the Foundation and the Sheridan Group. The point raised was the Planning Council needed to realize the endorsement of the Sheridan Group proposal was not pro forma. By endorsing the call to action, the Planning Council would need to make a commitment to an effort to lobby Congress for greater funds and Planning Council members would have to be involved.

A) The following motion was passed by the Planning Council:

We, as members of the Planning Council, commit to participate in the activities proposed by the Sheridan Group. This does not preclude us from support for lobbying for CARE Titles II & III.

V. CARE Supplemental Update

Jimmy Loyce spoke on CARE Supplemental contracts. The Supplemental timeline involved 20 contractors. Negotiations with the contractors took place in April and May. Contracts went to the Office of Contracts Management (OCM) in late May/June. June/July involved information exchange between the AIDS Office (AO) and OCM regarding contracts. At the end of July, 10 contracts were not certified. The ten contracts were held up by budget and technical questions. The ten contracts should leave OCM by September 6, 1991 and be certified by approximately September 10, 1991. One problem in the ability of OCM to process contracts in an expedited manner is the lack of manpower at OCM. Sophia Chang pointed out that work in OCM is different than that done by the AO. A \$10,000 contract and a \$10,000,000 contract might require the same amount of scrutiny. Along with Supplemental contracts, OCM has been working on contracts for the Early Intervention Resource Center (Note change in name to Center for Positive Care (CPC)) as well as the continuing resolutions. OCM is currently posting notification for a new position to handle AO contracts.

Issues raised by Planning Council members in regards to OCM concerned the emergency nature of CARE funds and cash flow problems for community based organizations (CBOs) when contract certification is delayed. Jimmy discussed the continued efforts between the AO and OCM to streamline contracting process.

The Planning Council directed AIDS Office staff to invite Geri Brown, OCM to attend the September 16, 1991, meeting to discuss the contracts process.

VI. DMSF Chateau Agape Proposal

Rinna Flohr, Department of Mental Health, Substance Abuse and Forensics (DMSF) spoke on the DMSF method to identify a contractor and the timeline for the Chateau Agape project.

The site is currently being reviewed by various City offices. DMSF has applied to the Office of Community Development for funds for modifications to the existing structure. Community Development has taken the proposal into consideration. The Department of Real Estate is examining the site for the appropriateness of purchasing rather than renting Chateau Agape.

DMSF will be initiating a Request for Proposal (RFP) for bidder selection, as it appears there will be more than one bidder for the proposal. DMSF is seeking operators who have experience with residential care, mental health and AIDS. The operator should be a large, experienced organization with non-profit status. DMSF will release the RFP on October 4, 1991. There will be a bidders' conference on October 16. RFPs are due back to DMSF on November 1. Around November 15, DMSF anticipates announcing the contract award. Services are expected to begin January 15, 1992.

Sophia Chang informed the Planning Council that the process used by DMSF would be different from that used for other CARE contracts. This change in process was due in part to the mix of funds, CARE and DMSF, and the proposal being for service and a specific site. The process would call for a review by the Mental Health Advisory Board and the Health Commission. Rinna stated this was the usual process followed for DMSF contracts.

VII. Update on CARE Data Reporting Requirements

Sophia Chang spoke on plans by the Health Resources and Services Administration (HRSA) to develop a client specific data set for services rendered with CARE funds. Currently information provided to HRSA is in the aggregate. HRSA is looking to be able to track, for example, that an African American female, "x" age, with "y" risk factor, received "z" service. The original data set HRSA proposed had over 100 variables. Sophia informed HRSA that she viewed that number to be unreasonable. Sophia also stated her concerns in regards to confidentiality. She was opposed to any system that had a centralized file that connected names with an i.d. number. Sophia stated that an "algorithm," for example, one using the first 6 letters of the last name, initials of the first and middle names, birthday and social security number which would render a unique i.d. number was a more acceptable idea.

The question for the Planning Council is what does the Planning Council consider to be a reasonable set of variables? This is an opportune time for San Francisco to inform HRSA of what the City thinks HRSA should be moving towards. One of the positive

points to a system of this sort is that the Planning Council and AIDS Office would know what services are being provided or accessed by groups such as women, persons of color and youth. Sophia also called for Planning Council members wishing to participate in a working group, to develop a system for maintenance of confidentiality and development of the data reporting, to contact her.

VIII. Financial Information System

Evelyn LeBlanc Leigh, AO reviewed the financial information system. (Copy included.)

IX. Subcommittee on Evaluation

Yvonne Frazier presented information on the work of the Subcommittee on Evaluation. Current plans call for site evaluations to be performed by Planning Council teams during late October, early November. Planning Council members will receive examples of the evaluation instrument and client satisfaction survey at the September 16, 1991 meeting.

X. CARE Implementation Timeline

Sophia Chang spoke on the Planning Council timeline for work in the coming months. The matter will be taken up at the September 16, 1991 meeting for full discussion. Discussion will take place on when and what to bid out.

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1/16/91

-SF

HIV HEALTH SERVICES PLANNING COUNCIL
5th Floor Training Room*
25 Van Ness

Monday, September 16, 1991
4:30 p.m. ~~3~~ 8:00 p.m.

DOCUMENTS DEPT.

SEP 6 1991

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Agenda

- I. Roll Call
- II. Review of Minutes
- III. George Lemp Presentation re: Seroprevalence, Cases, Trends (30 minutes)
- IV. Implementation Timeline (60 minutes)
- V. Decision re: Continuation vs. Rebid of CARE Services
- VI. Subcommittee on Evaluation (30 minutes)
- VII. Ombuds Program Review (15 minutes)

* Please note the Room change.

MINUTES

HIV HEALTH SERVICES PLANNING COUNCIL

September 16, 1991

4:30 - 8:00 p.m.

Members Present: Pierre Ludington, Michael Baxter, Moher Downing, Marcy Fraser, Yvonne Frazier, David French, Estela Garcia, Ann Guillory-Thom, Karen Hembry, Gerald LeNoir, Steve Lew, J.B. Molaghan, Bob Nelson, Claire Rappaport, Eric Rofes, Mike Shriver, Laura Thomas, Patricia Underwood, Mary Jane Wood

Members Absent: Sandra Hernandez (E), Pat Christen (E), Jaime Geaga (E), Gifford Leoung (E), Reggie Williams (U)

Staff Present: Sophia Chang, Bill Haskell, Jon Dean Green

I. Roll Call:

Roll Call was taken as above.

II. Review of Minutes:

Minutes of the August 26, 1991 meeting were approved.

III. Presentation re: Seroprevalence, Cases and Trends

Moved to the September 23, 1991 meeting.

IV. Decision re: Continuation v. Rebid of CARE Services

Sophia Chang spoke concerning continuing or rebidding existing CARE programs as well as the HRSA Service Demonstration Project ("SDP"). Sophia addressed the primary problem of continuing current programs which is, that it locks in dollar amount and does not allow for new services if funding is level. One option for the Planning Council is to reevaluate funded services and reprioritize all services. This would be difficult, though, in light of the short timeline. The ad for the coming Request for Proposals will run November 3; to back into that, reprioritizing must be done in next 2-3 weeks.

Questions were raised concerning reprioritizing. If the priorities seem appropriate, why reprioritize. If the priorities are the same, then a system to examine current programs to check on delivery is needed.

Questions were also raised in regards to rebidding. Concerns were voiced on funding same programs for two year period. One problem with rebidding services is that some programs have not yet started service delivery due to delays in their contracts. Others have only been up and running for 3-6 months. Evaluation

of the ability of agencies to deliver services was felt to be key by the Planning Council. During the upcoming evaluations to be done in October and November, if agencies appeared to have major problems, the agency should be reexamined for the appropriateness of continuation of funding. The point was raised that the HRSA SDP had been in existence for several years and could be evaluated.

One option raised was to continue funding for current programs to allow time for agencies to fully develop services and use any increase in funds or unexpended monies to develop new services.

A) The following motion was passed by the Planning Council:

To review the Service Demonstration Project and continue funding for current CARE programs for one year, contingent on satisfactory evaluation of existing programs and on Federal funding levels.

Sophia Chang presented the review of the HRSA SDP. Several services funded under the SDP had been running since 1989. All of the services had been reviewed. Certain services, such as the minority outpatient care component were being provided through the City and County. The feeling of the Planning Council was that services that had not been bid and had been operating for several years should be put out to bid.

B) The following motion was passed by the Planning Council:

The Minority Outpatient Care not be bid. The Volunteer Therapist Program, Psychiatric Consult Service and Home Health and Hospice be bid out in 1992-1993. The Mental Health Case Manager Neuropsychiatric Liason, Adult Day Health Care, Consolidated Food Services, Minority Attendant Care and Money Management Services be put to bid in 1993-1994.

Discussion on the SDP continued. A question was raised concerning overall continued funding for the HRSA SDP. If federal funding remains level, now that the federal government is no longer funding the SDP, where will the funds for its continuance come from? The point was raised that last year's priorities as set by the Planning Council assumed that the SDP existed. The SDP was included in the overall framework of service priorities.

C) The following motion was passed by the Planning Council:

Programs identified as part of the Service Demonstration Project be folded into existing CARE program priorities.

D) The following motion was passed by the Planning Council:

To continue to fund the HRSA SDP AIDS Office grant supported staff.

V. Implementation Timeline

Sophia Chang said that an extra meeting might be needed in October. The AIDS Office was also calling for updated and existing needs assessments. These needs assessments should be sent to the attention of Jon Dean Green in the AO.

VI. Citywide AIDS Planning

The discussion centered on the need for planning for AIDS services in the City and County of San Francisco to take place in an organized, proactive manner to assure that service gaps are minimized and funding be done within the framework of a citywide AIDS plan, no matter who the fundor was. The point was made that there were too many persons making decisions on AIDS funding and that it was being done without consultation with the Planning Council or at times even the AIDS Office. It was felt by the Planning Council that partisan AIDS policies in many ways negates the work of the Planning Council. Planning Council members were chosen because of their expertise in various areas of the AIDS field. For priorities to be set without consulting the Planning Council members or their respective communities ignores members ability to contribute and involve their communities in the process. Another point made was that it was not appropriate for priorities to be set without consulting service providers in the priority areas being funded.

The Planning Council consensus was that it had done an extraordinary amount of work, with the Planning Council members being very ethical in their decisions and not responding to special interest groups. The basic agreement of the Planning Council was the following:

1. Discuss with Dr. Hernandez of the AO, then
2. Contact the Mayor's Office and Board of Supervisors re listening to the Planning Councils priorities and recommendations;
 - a. Develop proactive overall plan;
 - b. Decide where AIDS services should be.

One suggestion was that the Planning Council request that future proposals for funding or setting of priorities be placed before the Planning Council for comment. This would help in the prioritization of limited monies for AIDS services. Contact should be made with the Board of Supervisors to initiate dialogue.

A subcommittee with Marcy Fraser as chair to work on citywide AIDS planning was formed.

The decision was made to hold the next public hearing to solicit input on service needs for persons with HIV in the City and County of San Francisco. The meeting will be on October 2, 1991 from 4:00-6:30 p.m. at the auditorium of the Laurel Heights campus of U.C. San Francisco, 3333 California.

VII. Subcommittee on Evaluation

Plans continue to move forward on evaluating CARE funded

programs. Teams consisting of a Planning Council member, AO program manager and community representative will be conducting monitoring visits in late October, early November. A training for Planning Council members on conducting a monitoring visit will be held in the second week of October.

VIII. Ombuds Program Review

Sophia Chang spoke on her proposal to use cost savings incurred in the AIDS reimbursement unit to employ a fourth program manager. (Refer to September 10, 1991 memo.) Currently, each of the AIDS Office program managers is overseeing a minimum of 22 programs. This is too great of a load for the staff to continue overseeing.

E) The following motion was passed by the Planning Council:

The AIDS Office should use unexpended salary savings to employ a fourth program manager.

HIV HEALTH SERVICES PLANNING COUNCIL

September 23, 1991

The Agenda of this meeting is missing.

MINUTES

HIV HEALTH SERVICES PLANNING COUNCIL

September 23, 1991

4:30 - 8:00 p.m.

Members Present: Sandra Hernandez, Pierre Ludington, Michael Baxter, Pat Christen, Moher Downing, Marcy Fraser, Jaime Geaga, Ann Guillory-Thom, Gifford Leoung, Steve Lew, J.B. Molaghan, Eric Rofes, Mike Shriver, Laura Thomas, Reggie Williams, Mary Jane Wood

Members Absent: Yvonne Frazier (E), David French (U), Estela Garcia (E), Karen Hembry (E), Gerald LeNoir (U), Bob Nelson (U), Claire Rappaport (E), Patricia Underwood (E)

Staff Present: Sophia Chang, Jimmy Loyce, Bill Haskell, Valerie Dorr, Jon Dean Green

I. Roll Call

Roll Call was taken as above.

II. Review of Minutes

Minutes of the September 16, 1991 meeting were amended and approved.

III. Geri Brown, Office of Contract Management

Geri Brown, Office of Contract Management (OCM) and Jimmy Loyce, AIDS Office (AO) spoke on the contracting process for the City and County of San Francisco. See attachment. Ms. Brown referred Planning Council members to the number of bodies having various oversight duties in regards to the contracting process. Mr. Loyce reminded the Planning Council that timing was crucial in the process. Due to the complex nature of deadlines at each step, a community based organizations (CBO) being a day late with a document could hold up overall certification by weeks.

The following questions were raised by the Planning Council:

- Q - Given the emergency nature of CARE funds, what can we expect in the future in regards to contracting? A - The complete contracting process must be followed.
- Q - Why can't the process always be shortened? A - Staffing concerns, during the previous CARE cycle, other contracts were put off to work on CARE contracts.
- Q - Given constraints on staffing, would hiring more personnel help? A - In the long run it might, but between the civil service hiring process and the time for training a person in the detailed process, it will not alleviate the problem any time soon.
- Q - Does having multiple contracts per agency exacerbate the problem? A - We are looking at master contracts with work

orders attached. Another issue is that the AIDS Offices bids out more services than other departments.

Jimmy Loyce pointed out that the rate limiting step in the contracting process is the health commission deadline. If you miss it by one day, you postpone the contract by a minimum of two weeks. Contractors must realize that the process involves a tremendous amount of bureaucracy. Everytime the Board of Supervisors or Mayor's Office adds a new qualification to the contracting process, it adds time to the overall process.

The Planning Council membership then requested that Ms. Brown educate contract providers in the process, so they understand the steps and how timing is crucial.

IV. George Lemp, Surveillance AO

George spoke to the Council on the proposed change in the Centers for Disease Control (CDC) definition of AIDS. The new change is proposed to take effect on April 1, 1992 and defines HIV+ persons with a CD4 count of less than or equal to 200 as having "AIDS." The official announcement from the CDC of the change is planned for October 11, 1991. There will then be a 45 day period during which comments on the proposed change will be taken by the CDC. The Surveillance Branch of the AO estimates this proposed change will cause the epidemic to peak in San Francisco in 1992.

Issues raised around the proposed change were:

- Community clinic consortium's concern are fiscal in nature. How will this change effect share of cost?

- Sandra Hernandez pointed out that if the Planning Council takes a stand either for or against the proposed change, the Planning Council should do so on a clinical basis, not on how it will effect San Francisco's case count and CARE funding.

Mr. Lemp then reviewed preliminary seroprevalence data and predictions for the City and County of San Francisco. Complete information will be available in the HIV Seroprevalence Consensus report when it is completed. This report will be attached to later minutes.

V. Report on Grant Fund Expenditures and Contracted Services.

Sophia Chang reported on contracted services. See attached. Most contractual services were up and running and would be reviewed during the upcoming Planning Council site visits.

Galen Leung, Director's Staff, AO spoke on the status of DPH positions funded by CARE monies. Many of the positions are not yet hired due to delays from Civil Service due to "bumping." Positions in areas where large numbers of bumping would occur have not been allowed to be filled to avoid the situation of hiring a person for a position, then having to replace them with a civil servant with seniority who would have civil service

"rights" to that position if the civil servant's original job had been lost due to budget cuts.

VI. Update on Data Reporting Requirements

Written report to follow.

VII. Process for Determining Next Year's Priorities

This was moved to the head of the next meeting's agenda.

HIV HEALTH SERVICES PLANNING COUNCIL

October 2, 1991

The Agenda of this meeting is missing.

SF
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10/2/91

- SF
HIV HEALTH SERVICES PLANNING COUNCIL
PUBLIC HEARING

October 2, 1991

MINUTES

Planning Council Members: Mike Shriver, Moher Downing, Mary Jane Wood, Reggie Williams, Michael Baxter, Yvonne Frazier, Karen Embry, Bob Nelson, Darol Nance, Gerald Lenoir, Sandra Hernandez, David French, J.B. Molaghan, Steve Lew

AIDS Office Staff: Sophia Chang, Galen Leung, Bill Haskell, Valerie Dorr, Jon Dean Green, Aida Corpuz

Interpreters: Kathleen Duffy, Daniel Veltri

DOCUMENT#

I. Speakers

DCF 1 1 1991

20 speakers

17 males 3 females

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- 1 African American
- 2 Native Americans
- 2 Latinos
- 1 Asian/Pacific Islander
- 14 European Americans
- 2 Hearing Impaired
- 8 persons with HIV disease

II. Issues

The most common issues raised, in decreasing order:

- Mental Health Services
- Drug Treatment
- Emotional Support
- Case Management for IDU's/Multi Diagnoses Services
- Housing
- Case Management
- Peer Counseling
- Alternative Therapies
- Youth/Children Services
- Women's Services
- Transport
- Childcare
- Deaf/Hearing Impaired Services
- Interpreter Services for Deaf
- Services for asymptomatic HIV+
- T Cell Counts
- Services for the Blind
- Nutrition Services
- PWA Advocacy
- Prescription Delivery
- Nursing Services

Speakers

1. Spoke on behalf of Quan Yin. Would like to see Chinese medicine category differentiated from "Alternative Therapy" section of RFP. Priorities were for funding of Chinese medicines and acupuncture treatment.
2. Spoke on behalf of Bay Area Addiction and Recovery Treatment (BAART). Priorities were for case management of addicts, treatment slots, services such as transportation and childcare.
3. Spoke on behalf of BCOA and self. Priorities were for youth, especially youth of color; women; and injection drug users (IDU). Detoxification centers were needed that were culturally appropriate and had comprehensive approach.
4. Spoke on behalf of Quan Yin and self. PWA who uses acupuncture and Chinese medicines. Priorities were funding to support Quan Yin's professional certification, underwriting cost of herbs and acupuncture and underwriting an M.D. in the clinic.
5. Spoke on behalf of self and about Quan Yin. HIV+ person who uses Chinese medicine and acupuncture. Priorities were for underwriting Chinese medicines.
6. Spoke on behalf of U.C. Center on Deafness. Priorities were for regional planning and services to deaf community.
7. Spoke on behalf of Deaf AIDS Center. Priorities were services for deaf persons with HIV and interpreter services for deaf people to access care.
8. Spoke on behalf of Rose Resnick Center for the Blind. Priorities were for funding services to blind PWA's such as counseling and support groups, rehabilitation (daily living skills), and community outreach and education.
9. PWA spoke on behalf of self and about American Indian AIDS Institute (AIAI). Priorities were for more services for persons who are HIV+ without AIDS diagnosis and for affordable housing.
10. Spoke on behalf of AIAI. Priorities were for housing, mental health services and detox treatment.
11. Spoke on behalf of San Francisco General Hospital (SFGH) and self. Priorities were for counseling services at SFGH, safe sex education, advocacy and care for caregivers.
12. Spoke on behalf of Project Open Hand. Priorities were for funding to increase flexibility in meal types and ability to deliver services to communities of color and homeless.
13. Spoke on behalf of National Task Force and self. Priorities were for funding: PWA advocacy, T cell counts, mental health stress reduction and nursing care. He also stressed the need to remind City bureaucracy of the emergency nature of CARE funds.

14. Spoke on behalf of Baker Places. Priorities were for multid Diagnosed housing services; specialized services for women, especially mothers with children; care for homeless HIV+ persons and for aftercare (6-9 mos. followup) for persons following inpatient drug treatment.

15. Spoke on behalf of Asian/Pacific Islander AIDS Coalition (APAC), BAART and self. Priorities were for residential services, bleach and condoms for BAART, mental health counseling for dual diagnosed (substance abuse and HIV), home delivery of methadone, underwriting of T cell counts for non-Medi-Cal patients.

16. Spoke on behalf of Haight Ashbury Drug Treatment Center. Priorities were for mental health services and case management for persons with multi diagnoses (SA, mental health and HIV), nursing personnel to be rotated through substance abuse centers, and treatment enhancement.

17. PWA spoke on behalf of self. Priorities were for emotional support and peer counselling.

18. PWA spoke on behalf of self. Priorities were for housing, mental health and drug treatment.

19. Spoke on behalf of Shanti. Priorities were for funding: peer counseling coordinators, staff training on substance abuse and mental health issues and emergency case management.

20. Spoke on behalf of Shanti. Priorities were for funding for volunteer coordinator and mental health peer counseling. Recommended childcare be provided at Center for Positive Care.

SF
H22

#1

07/91

HIV HEALTH SERVICES PLANNING COUNCIL
3rd Floor Conference Room
25 Van Ness

Monday, October 7, 1991
4:30 - 8:00 p.m.

Agenda

DOCUMENTS SENT.

OCT 8 1991

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- I. Roll Call
- II. Review of Minutes
- III. Process for Determining Next Year's Priorities
- IV. Revise Continuum of Care
- V. Identify Gaps in Service
- VI. Begin Prioritization of CARE Funded Services
- VII. Revise/Approve CARE Application Process

Reminder, there will be two more meetings during the month on October 14 & 21. Both meetings will take place at 25 Van Ness, 3rd Floor Conference Room, 4:30 - 8:00 p.m.

10021gca

SF
422
#2
10/7/91

MINUTES

HIV HEALTH SERVICES PLANNING COUNCIL
October 7, 1991
4:30 - 8:00 p.m.

Members Present: Pierre Ludington, Michael Baxter, Pat Christen, Moher Downing, Yvonne Frazier, David French, Estela Garcia, Ann Guillory-Thom, Karen Hembry, Gerald LeNoir, Gifford Leoung, Steve Lew, J.B. Molaghan, Darol Nance, Bob Nelson, Eric Rofes, Mike Shriver, Laura Thomas, Reggie Williams, Mary Jane Wood, Sylvia Villareal

Members Absent: Sandra Hernandez (E), Marcy Fraser (E), Jaime Geaga (U), Patricia Underwood (U)

Staff Present: Sophia Chang, Galen Leung, Valerie Dorr, Bill Haskell, Jon Dean Green

Interpreters: Sue Eadie, John McBride

** Please note: The Planning Council has extended the hours of the October 14, 1991 meeting. The time will be 2:00 p.m. to 8:00 p.m. at 25 Van Ness, 3rd Floor Conference Room. Also, please reserve meeting time on Tuesday, October 15, from 4:30 - 8:00 p.m.**

I. Roll Call

Roll Call was taken as above.

II. Review of Minutes

Minutes of the September 23, 1991 meeting were approved.

III. Process for Determining Next Year's Priorities

Sophia Chang started the process by reviewing with the Planning Council her memo of October 7, 1991 discussing the prioritization process for 1992 CARE funds. (See attachment.)

Other documents included were the prior year's priorities and the fan graph representing San Francisco's Continuum of HIV Services (fan graph).

Questions were raised on the fan graph concerning the centralized information system. Sophia Chang discussed with the Planning Council her efforts through other committees to address issues of required information and protection of client confidentiality.

Next, the Planning Council consensus was that "brainstorming" gaps in services - taking into account public testimony, the

public hearing and need to include the HRSA Service Demonstration Project (SDP) - would be the first order of business and then the Planning Council would prioritize identified gaps.

Gaps in Service

(Note: Gaps are listed as identified, not by priority of importance. Following identified gaps are funding sources and continued needs.)

1. Residential Housing for Youth: 2 beds in San Francisco. It is the primary need for youth in San Francisco.
2. Alternative Treatments: AIDS Emergency Fund can be used for this, limit in amount from the fund is \$400/year, \$800/lifetime. There is no public support given to alternative treatments excepting the 2 times per month Medi-Cal allowance for acupuncture.
3. Deaf Services: U.C. Center on Deafness funded to provide psycho-social support services to the deaf community. They are not funded to provide interpreter services for the deaf to access health care services. Translation, treatment information and case management services needed.
4. Asymptomatic Benefits Counseling: Provided by AIDS Benefits Counselors (ABC) without a need for AIDS diagnosis. Counseling is provided on demand by ABC at both the Center for Positive Care (CPC) and their offices.
5. Asymptomatic Services: Primary needs identified were for housing and nutritional services.
6. Injection Drug Users Advocacy and Case Management: Enhancement of current services, peer advocacy and services to women primary needs.
7. Youth Detox Treatment: 6 Beds are available at Walden House. Walden House has a waiting list. Most treatment is for adults, all have waiting lists. Need youth specific treatment, that includes treatment for pregnant teens.
8. Detox Services: Long waiting lists, no treatment on demand. Medi-Cal reimbursement primarily limited to methadone treatment. Large need in community.
9. Adult Day Health: Formerly funded under HRSA SDP. Needs to be reprioritized.
10. Housing and Case Management in Communities of Color: Under housing, long waiting lists, transitional housing is needed, not just emergency short term housing. Case management needs to be augmented.
11. Women and Youth Housing and Case Management: CM for women was funded under CARE II. Still outstanding need for CM for youth. Both groups in need of housing.

12. On Site Child Care Services: Crossings program funded to provide child care. New service still in beginning stages. There is a need for this service at CPC and Ward 86.
13. Geographic Specific Services: Decision made to revisit this at a later time.
14. Reproductive Health/Family Plannig/OBGYN Services. Funded at Lyon Martin and the Women's Needs Center through CARE. Services difficult to access for women of color.
15. Transportation: Needs are for transport to appointments, delivery of medications. Voucher system needs to be reexamined.
16. Roving Team: Revisit
17. Residential Dementia Care: The Chateau Agape proposal is due 11/8/91. Catholic Charities is terminating their contract with the City. Other RFP submissions are being reexamined. St. Mary's has a daily census of 8-10 patients. A unit to serve milder cases of dementia is needed.
18. Money Management: Tenderloin Housing Project and Catalano Project supply. Difficult area to find providers.
19. Emotional and Practical Support: (No discussion)
20. Mental Health Services around Proposed CDC Change: Services needed for both persons with HIV and providers.
21. Psycho-social support services for HIV+ lesbians and bisexual women. Some services provided through Lyon Martin. There is an overrepresentation of women of color in infected bisexual women.
22. Recruitment and training of volunteers to serve special populations: Previously Shanti provided this service for the deaf community, unable to again without funding.
23. Services for Indigent/Homeless: Primary identified needs are for housing and case management.
24. Residential Services for Multi-Diagnosed Patients: Service population, revisit.
25. Hospital Based Counseling: Needs to be enhanced.
26. Children's Services: More a need for women's services and for pregnant young women.
27. Access to Lab Tests (CD4 Counts): Some funding under primary care component through last years CARE and General Fund budgets. With change in CDC definition, enhancement needed.
28. Mental Health: Psycho-social impact of CDC change, systemwide overload, POC underserved.

29. Home Infusion Services: Need for this for foscarnet and gancyclovir delivery.

30. Blind: Practical support services, especially for those blinded by CMV retinitis.

31. Newly released incarcerated individuals: transition counseling, substance abuse treatment, 1/2 way house, education.

32. Services for gay white males: Need to address population of the newly indigent.

IV. Public Comment

Reggie Williams spoke on the opening of the Center for Positive Care (CPC). The CPC opened on October 1, 1991. October 18, 1991 is the official opening. 15 agencies are currently serving clients, after January 1, 1992, there will be on site room for 5-6 more agencies. The transport piece is not yet up, but hopefully it will be ready by the official opening.

Spence Cannon spoke on the need for greater services for persons who are asymptomatic HIV+. Asymptomatics have large needs, especially in the psycho-social arena and around housing and nutrition. Attached are Mr. Cannon's recommendations for future public hearings.

Ignatius Bau spoke on his desire for the Planning Council to examine and set priority usage of AB855 funds for HIV services in the City and County of San Francisco. His desire is to see the Planning Council make a recommendation on uses for excess AB855 funds so that the proposed usage of these funds fits into a coherent pattern of planned services rather than a patchwork of politically motivated funding decisions.



HIV HEALTH SERVICES PLANNING COUNCIL

25 Van Ness

3rd Floor Conference Room

2:00 p.m. - 8:00 p.m.

Agenda

DOCUMENTS DEPT.

OCT 11 1991

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- I. Roll Call
- II. Review of Minutes
- III. Review Updated Diagrams (20 minutes)
- IV. Review and Approve Last Year's Priorities (Including SDP) (20 minutes)
- V. Review and Approve Priority Areas for New Funding (20 minutes)
- VI. Review Target Populations (30 minutes)
- VII. Develop Priority Target Population for Each Service Area (30 minutes)
- VIII. Review Option of Geographic Specific or Agency Specific Funding (Option based on grading) (30 minutes)
- IX. Review Decision Re: DPH Funding (20 minutes)
- X. Review Competitive Process
- XI. Review Application Process

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** Please note: The Planning Council has extended the hours of the October 14, 1991 meeting. The time will be 2:00 p.m. to 8:00 p.m. at 25 Van Ness, 3rd Floor Conference Room. Also, please reserve meeting time on Tuesday, October 15, from 4:30 - 8:00 p.m. **

HIV HEALTH SERVICES PLANNING COUNCIL

October 14 and 15, 1991

The Minutes of these meetings are missing.

HIV HEALTH SERVICES PLANNING COUNCIL

October 21, 1991

The Agenda of this meeting is missing.

MINUTES
HIV HEALTH SERVICES PLANNING COUNCIL
October 21, 1991
4:30 - 8:00 p.m.

Members Present: Sandra Hernandez, Pierre Ludington, Pat Christen, Moher Downing, Yvonne Frazier, Estela Garcia, Ann Guillory Thom, Gerald LeNoir, Gifford Leoung, Darol Nance, Bob Nelson, Veneita Porter, Eric Rofes, Mike Shriver, Laura Thomas, Reggie Williams, Mary Jane Wood, Sylvia Villareal

Members Absent: Michael Baxter, Marcy Fraser, David Frenchg, Jaime Geaga, Steve Lew, J.B. Molaghan

Staff Present: Sophia Chang, Valerie Dorr, Galen Leung, Jon Dean Green

Interpreters: John McBride, Joe Quinn

DOCUMENTS DEPT.

I. Roll Call

NOV 1 - 1991

Roll Call was taken as above.

II. Review of Minutes

POOLING DEPT.

Minutes of the October 14 & 15, 1991 meetings were amended and approved as follows (changes are underlined):

Page 2 paragraph 3 should read, "Yvonne Frazier informed the Planning Council that certain RFP's responded to by..."

Page 3 paragraph 1 should read, "Community of Color based agencies.*" *A Community of Color based agency is defined as having 50% of its board and staff being People of Color and its purpose as given in its mission statement is to serve People of Color communities.

Page 3 paragraph 2 should read, "The following proposal was put forward for a target percentage of new contractual CARE..."

III. Review and Approve Target Populations
a. Approve Mission Statement

Questions raised concerning target populations were: a) to connect or not connect priority services to specific target populations, b) whether to prioritize target populations in instructions for review panels and weight within the score, c) could RFP writers speak to needs and encourage cross population service, d) when referring to gaps, does "gap" mean services don't exist or that service is unable to meet demand, e) when referring to gaps for target populations are we referring to populations who receive some services or no services?

The approval of target populations was moved to the meeting of October 28, 1991.

The mission statement from 1991-1992 was reviewed. The language was not changed.

A) The following motion was passed by the Planning Council:

That the mission statement should be: CARE monies should be targeted first to low-income, uninsured and/or underinsured persons. Special emphasis will be placed on previously neglected and/or unrepresented populations and those who can no longer care for themselves or have no other alternatives. In addition, those individuals or institutions which are able to pay for services, should pay for service.

Priority for CARE funded services will be given to HIV infected individuals, regardless of where they fall in the spectrum of disease.

IV. Review of October 15, 1991 Priorities

Sandra spoke on how the tentative list was devised. She referred people to the minutes of October 15, which listed the priorities and the manner in which they were decided.

Concerns were raised concerning alternative care. The question was raised as to whether the Planning Council had exceeded the mandate of CARE legislation which calls for provision of "basic" services. Several Planning Council members reminded the body that last year no funds were expended for alternative care.

Another concern was why mental health was not prioritized. Mental health, especially as it related to crisis mental health and the proposed change in the Centers for Disease Control (CDC) definition in AIDS was deemed to be important. Sandra spoke to the previous meeting's discussion where the consensus was that the proposed change in the AIDS definition and the need for crisis mental health services might be better answered by using a one time funding source such as SB855 monies. She also asked whether there was adequate primary care available upon demand in the City for those persons seeking it.

A council member raised the question as to whether the chair(s) were excessively influencing the Planning Council in regards to the discussion on alternative care and primary medical care services. The point was made further, that the discussion regarding funding alternative therapies and primary medical care services would be more cogent in the Planning Council had assigned dollar amounts to the various service areas.

Discussion of alternative therapies continued with one council member making the point that for some, primary care was AZT, for another person, primary care might be acupuncture. Another view was a reminder that CARE monies were Federal funds and should be spent on a method of treatment with demonstrable efficacy. A consensus of the Planning Council was that priorities in

alternative care for treatment should be established. It was pointed out that unless the Planning Council defines alternative care, it is defined by the respondents to an RFP. A suggestion was made to the Planning Council that the AIDS Office bring together a team of Alternative Care providers from the East Bay to prioritize appropriate alternative therapies.

A side question was raised as to how much of an increase could be expected by San Francisco in the new budget allocation for Title I. Sandra said that as October 21, if the estimated \$122 million was approved by Congress and the President, San Francisco could expect to receive approximately \$2 million more in Formula funds. Sophia Chang reminded the Planning Council that to fully fund the HRSA Service Demonstration Project (SDP) \$750,000 would be needed.

A question was raised on what HIV staging and monitoring meant? Sandra responded by saying that monitoring was the examination of how immune compromised a person with HIV was. Staging is the following of the progression of disease with appropriate intervention. The question then moved to how "staging and monitoring" should be defined. The consensus of the Planning Council was that it should be broadly interpreted so as to allow for the widest array of responses to the RFP.

B) The following motion was passed by the Planning Council:

That an inclusive use of terminology be used to determine what will be allowable under the heading of HIV Staging and Monitoring.

The point was made by several members that the Planning Council did not have the representative expertise to define priorities in alternative therapies. It was felt that an outside panel of experts should be called upon to give technical assistance to the Planning Council.

C) The following motion was passed by the Planning Council:

That the AIDS Office staff pull together a panel of East Bay alternative care providers to assist the Planning Council in prioritizing specific services under the heading of Alternative Care.

VII. Allocation of Monies to DPH

The discussion of allocation of monies to the Department of Public Health (DPH) revolved around the several themes. The first was the slowness with which the DPH had responded to funds already given to it to in the previous years funding. The second was the ability of CBOs to more quickly respond to service needs for persons with HIV than the DPH. The third was the problem of the antiquated medical delivery system within DPH. One member raised the concern that even routine tests and exams took weeks to be scheduled and more time for results to come in. Other council members stated that they felt funds should be put into the DPH system as it would continue to serve clients after CARE funds stopped, and members were not convinced

that private non-profits would continue service without CARE monies.

D) The following motion was passed by the Planning Council:

To entertain a proposal from the public system as well as bids from the private sector for primary health care services.

The draft Call for CARE Applications was next discussed.

E) The following motions were passed by the Planning Council:

- a) To change the language under Target Population to read: All persons with HIV disease who are low-income, uninsured and/or underinsured.
- b) To change maximum amounts per application to read: Primary Medical Care, \$750,000; Housing Services \$750,000; Substance Abuse Services \$750,000; and not changing amounts for Other Primary Health Care and Psychosocial Support Services.
- c) When considering priorities, the only priorities to be considered are emergency housing, long term housing, detox, residential treatment, food, alternative care/Chinese medicine, HIV staging and monitoring, medications delivery, differently abled services, translation services, legal services, crisis mental health.

Public Comment

Sam Akinaka, BAART: Mr. Akinaka spoke as both an employee of BAART and a former IDU. He stated that heroin addiction is rising in San Francisco. Many addicts do not attempt methadone maintenance due to restriction and regimentation of treatment. He recommends that the Planning Council fund outreach to hard to reach populations in the substance abuse field and examine design of methadone delivery, and try to aid in making service more user friendly.

Emmett Velton, BAART: Mr. Velton identified a gap in service for indigent persons in treatment slots. Another gap is case management on site to help clients access primary health care services.

Jan Barker, BAART: Ms. Barker states a problem with the IDU population is that they do not access traditional medical care system. Some sort of mechanism is needed to address needs of asymptomatic HIV+ IDUs. This population needs help in transitioning into the medical system. Ms. Barker would like to see patients treated from a primary care basis with BAART providing a primary care physician for all problems.

Valerie Dorr, AIDS Office: See attached.

Comments from Community Meeting
Provided to CARE Council

Long Term Housing

Needs:

Very supportive of the idea of subsidies to keep people in their homes. This is especially appropriate for families, individuals with mild to moderate dementia, and others who are inappropriate for congregate living. This may also work for triple diagnosed. Some form of long term housing is needed as these people are excluded from congregate settings.

Concerns are for housing for youth, and regarding the new definitions impact on women. If disable HIV is used as the screen for service by agencies that currently talk about PWAs, women could be discriminated against for housing.

Emergency Housing

Needs:

Need to tie the voucher into true case management or the housing becomes a permanent problem. Formerly incarcerated individuals are a growing population. Homeless youth are also a population with great need. Once again, intensive case management is needed, as well as someone to physically accompany youth to various appointments. One problem with youth is that behavior used to secure housing can lead to transmission of HIV. The percentage of homeless persons with HIV disease is also rising. Women and children are the population with the greatest need for emergency housing. Issues around longer survival period is that people cycle through the system more times. The feeling from the meeting was that no particular population should be targeted unless service can be provided to all populations in need. Concern was also expressed regarding the cost intensive nature of flats.

Early Intervention Program

The program at Mission Neighborhood Health Clinic is a good model, serving a population in need. There are other populations in need in other areas of the City, specifically S.E.

HIV HEALTH SERVICES PLANNING COUNCIL

November 4 and 18, 1991

The Agendas and Minutes of these meetings are missing.

HIV HEALTH SERVICES PLANNING COUNCIL

December 16, 1991

The Agenda of this meeting is missing.

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HIV HEALTH SERVICES PLANNING COUNCIL
December 16, 1991
4:30 - 8:00 p.m.

- Members Present: Sandra Hernandez, Pierre Ludington, Michael Baxter, Pat Christen, Moher Downing, Marcy Fraser, Jaime Geaga, Ann Guillory-Thom, Gerald Lenoir, Steve Lew, J.B.Molaghan, Darol Nance, Bob Nelson, Eric Rofes, Mike Shriver, Laura Thomas, Reggie Williams, Mary Jane Wood, Sylvia Villareal
- Members Absent: David French (U), Yvonne Frazier (E), Estela Garcia (E), Gifford Leoung (U), Venetia Porter (U)
- Staff Present: Sophia Chang, Bill Haskell, Valerie Dorr, Jon Dean Green, Galen Leung
- Guest: Anne Eshoo, member of the San Mateo County Board of Supervisors

I. Roll Call

DOCUMENTS UNIT.

Roll Call was taken as above.

1991 10 17

II. Review of Minutes

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Minutes of the November 4 & 18, 1991 meeting were approved. Two Council members abstained.

III. Renewal Letters from Mayor's Office

Letters will soon be mailed from the Mayor's Office asking individuals about their commitment to continue to serve on the HIV Health Services Planning Council.

With the election of Frank Jordan, San Francisco is currently between two mayors. AIDS Office staff is now preparing a report of current operations and activities of the AIDS Office and the HIV Health Services Planning Council for Mayor-elect Jordan. Planning Council members should decide if they want to continue to serve for the next 12 months. Those who step down will be replaced by Mayor-elect Jordan. A prompt response will facilitate the business and activities of the Planning Council.

There is still outstanding invitations for a gay latino representative and a union representative. Neither invitation has yet been accepted or rejected.

IV. Allocation of Monies to the EMA

a. Marin County, Mary Jo Buerger

Ms. Buerger reviewed the needs for existing CARE funded programs to be continued for another year. The Advisory Group in Marin

County has recommended that current service providers be continued for a second year. Program priority needs for CARE Formula funds were also presented; they were grouped but not ranked.

To continue current operations, Marin County requested \$100,000 in 1992 from CARE funds. Whatever is obtained above this figure would be used by the Advisory Group to fund programs which meet priority needs. Accordingly, for maintenance of effort, Marin County requested \$319,700 plus \$100,190, or \$419,890. For new programs, Marin County requested \$200,000, for a total amount of \$619,890.

b. San Mateo County, Gene Copello

Mr. Copello said that San Mateo County also wants to continue existing CARE funded programs at a cost of \$404,807. However, the County wants to provide a COLA increase at 4%, add some additional personnel, and provide for some non-personnel items for an additional amount of \$165,704. Accordingly, for maintenance of effort, San Mateo County requested \$404,807. For the COLA and new personnel and operating costs, San Mateo County requested \$165,704, for a total amount of \$570,511.

Mr. Copello also answered two previously asked questions. The first was "What percentage of San Mateo County's caseload is asymptomatic?". The answer is that 32% is asymptomatic. The balance, or 68%, is symptomatic. The second question was "What percentage increase of San Mateo County's caseload has been experienced in women's services?". The answer is that a 10% increase has been experienced in the number of women seen in clinic. Women now represent 20% of the total caseload for early intervention and primary care services. The clinic went from serving 20 women to 40 women.

c. Planning Council Discussion

Options were discussed as the basis for allocating CARE funds to the surrounding counties. One option considered was that the award should be based on the number of living PWAs as opposed to the number of diagnosed AIDS cases. It was suggested, because of under-reporting in these counties, that a more generous allocation would be considered appropriate. Also, it was suggested that the award take into consideration the infrastructure that needs to be built in these counties.

Another option considered was that the Formula award to these counties should be based on the living PWAs, and that the Supplemental award should be based on equity of risk. It was cautioned, however, that it would be detrimental to tie the priorities of the surrounding counties to San Francisco's priorities. This option would require the ordering of the Supplemental award in accordance to the relative importance of programs to each county.

Sophia Chang noted that these counties will need to provide priorities and budgets for new services by January 1, 1992. She further presented the formula used last year for allocating and awarding funds to the surrounding counties. The total CARE Formula award was multiplied times the percentage of living PWAs in each county. To do the same this year, the allocations to the surrounding counties would be as follows (based on actual 1992 allocation):

Marin County

CARE Formula Award (1992) \$8,309,963 x .058 LPWAs = \$481,978

San Mateo County

CARE Formula Award (1992) \$8,309,963 x .074 LPWAs = \$614,937

The following motion was passed by the Planning Council:

To fund Marin and San Mateo Counties based on: (1) the formula of the total CARE Formula award anticipated in 1992 multiplied times the percentage of living PWAs; and (2) that 50% of this allocation come from the total CARE Formula award and 50% come from the total CARE Supplemental award.

Anne Eshoo, member of the San Mateo County Board of Supervisors, was present. She expressed her thanks to the Planning Council for the CARE allocation approved for San Mateo County. She invited the Planning Council to come to San Mateo to see the AIDS services that CARE funds have supported. Ms. Eshoo said that she would host an event on the occasion of the Planning Council's visit.

V. CARE Funding Cycle

Sophia Chang presented the CARE funding cycle and its implications for CARE funded services. The project period for CARE funds is two years. The budget period is one year, with two budget periods in the project period. The Health Resources and Services Administration (HRSA), which administers CARE funds, is currently maintaining the position that all CARE funds must be expended by the end of the project period (second budget year).

The two year project period for CARE Formula funds was from February 1, 1991 to January 31, 1993. The first CARE Formula budget period was from February 1, 1991 to January 31, 1992. Dr. Chang noted, because of a three month delay in getting contracts with service providers developed and certified, the first CARE Formula contracts did not begin until May 1, 1991. These contracts were developed for a 12 month period, so they will end on April 30, 1992, which is three months after the end of the first budget period. If all CARE funds have to be expended by the end of the second budget period, this would mean, for CARE Formula service providers, that the renewal contracts would have to be developed for nine months, from May 1, 1992 until January 31, 1993. A similar situation exists for CARE Supplemental funds.

The AIDS Office has been operating under the assumption that all renewal contracts would be developed for 12 months. Dr. Chang has presented this issue to HRSA, and requested a three month extension be granted so that renewal contracts can be developed for a 12 month period. HRSA told Dr. Chang that it would respond to her request by December 21, 1991.

A HRSA decision to require nine month renewal contracts could be problematic for San Francisco's contractors. If this occurs, HRSA could reduce the next year's CARE allocation by 25%. The AIDS Office hopes that HRSA grants permission to extend contracts beyond the end of the second budget period, so that 12 month renewal contracts could be developed. The Planning Council will be kept informed about HRSA's decision concerning this issue.

VI. Cost Of Living Allowances (COLAs)

The Planning Council discussed the possibility of providing COLAs for CARE Title I services providers, both contractors and DPH providers. It was noted, for services supported through the City's General Fund in DPH, that a 4.5 percent COLA is being proposed.

COLAs for all CARE Title I Formula service providers would require \$286,000 from CARE Formula funds. Approximately \$500,000 would be required for COLAs to be provided for all CARE Formula and Supplemental service providers.

The following motion was passed by the Planning Council:

That COLAs be granted at 4.5 percent for all CARE Title I service providers, both contractors and DPH providers. Such COLAs are only for existing providers recommended to be refunded.

Accordingly, all renewal budgets submitted will be increased based on last year's contracts. The COLAs will be calculated based on the full amount of the previous contracts.

VII. Update on CARE Proposals for 1992

Sophia Chang provided a summary of the new proposals to provide services to persons with HIV disease received by the AIDS Office, as follows:

a. Housing

7 applications reviewed
1 application disqualified
Recommendation for \$1.5 million

b. Substance Abuse Treatment

7 applications reviewed
3 applications disqualified
Recommendation for \$1.5 million

- c. Other Primary Health Care
 - 5 applications reviewed
 - 2 applications disqualified
 - Recommendation for \$500,000
- d. Primary Medical Care
 - 6 applications reviewed
 - 3 applications disqualified
 - Recommendation for \$1 million
- e. Psychosocial Support
 - 8 applications reviewed
 - 7 applications disqualified
 - Recommendation for \$300,000

The total recommendation for new programs for persons with HIV disease amounts to approximately \$4.8 million.

The following motion was passed by the Planning Council:

To authorize letters of Award can go out to selected applicants, based on the recommendation of the CARE review panels. At the same time as applicants are notified, a summary of awards should be sent to the Planning Council.

Dr. Chang will present a more detailed presentation of the new CARE proposals on January 6, 1992. EMA allocations will also be presented, along with the results of the monitoring reports prepared by the CARE evaluation teams. Accordingly, all monitoring reports need to be completed, so that the scores can be summarized. Final recommendations about continuation of funding will be presented on January 6, 1992.

VIII. Decision of the Planning Council Regarding Use of Up To 10% of Funds to Alleviate Personnel Shortages in Inpatient Settings

Prior to allocating any CARE Title I monies to institutions for personnel support, the Planning Council determined that certain conditions exist in San Francisco, and adopted the following motions with respect to persons with HIV disease:

- a. A shortage of specific health, mental health, or support service personnel exists within the specific institutions/entities in the San Francisco EMA;
- b. The shortage of such personnel has resulted in the inappropriate utilization of inpatient services within the area; and
- c. Assistance or services provided to an institution/entity will not be used to supplant its existing resources devoted to HIV-related services.

IX. Decision of the Planning Council regarding Waiver for Medi-Cal Services

The Planning Council selected to waive the Medi-Cal provider status by adopting the following motion:

CARE-funded providers must participate in the development & implementation of a co-payment system. The Medi-Cal provider status is waived for those entities who provide non-reimbursable services.

X. Service Demonstration Project

The Service Demonstration Project, previously funded under HRSA, is now being funded under CARE and included in the CARE application. Dr. Chang raised the question about whether this Demonstration Project should be included as a lump sum item or divided into service priority categories. The consensus was that the Demonstration Project should be divided into service priority categories.

XI. Other Issues Related to the CARE Application

Dr. Chang presented other issues related to the upcoming CARE Supplemental application:

a. The Regional Plan (\$100,000)

The regional plan will not be refunded.

b. Outpatient Medical Care Pilot Program at St. Mary's Hospital (\$250,000)

The pilot program began services in September 1991. Discussion among the Council recommended an additional year of continued funding.

c. Residential HIV Dementia Care (\$300,000)

The residential HIV dementia program at Chateau Agape has not yet begun and these funds have not yet been expended. The funds could be rolled over to provide continued support to this project.

d. HIV Drug Program (\$500,000)

The Planning Council will need to decide if this should be a line item in the CARE Supplemental application for 1992.

e. Subacute Care Demonstration Project (\$533,000)

Level funding for this HIV dementia skilled nursing unit at St. Mary's Hospital, now to be funded under CARE, would be \$417,000 plus \$50,000, or \$467,000 and has been allocated in the 1991 budget.

XII. Integrating New CARE Programs into Priority Service Areas for the CARE Supplemental Application

It was proposed that Dr. Chang present a list of previously prioritized services within service areas on January 6, 1992. New CARE programs can be integrated into this list at that time.

XIII. Title I Coalition

A total of 16 cities are participating in the Title I coalition. Jersey City and Houston are not included. Washington, D.C. and Newark are included, and Oakland will be working with the Title I Coalition.

All CARE Title I service providers should contact Nancy Pelosi's office and take a leadership role in advocating for continued CARE funding.

NOTICE

There will be one additional meeting in January 1992.
Accordingly, meetings will be held on January 6, 13, and 27,
1992.

